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Recruitment; Series I; File 132

Juanita Hunter

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#132

Recruitment

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Recrutment

Preparing for Choices

Health care. no field offers more excitement, more diversity, more options for personal and professional satisfaction. Nurses are at the heart of this dynamic field, contributing to all areas, from patient care to research to education.

The decision to become a nurse is only the first of many such decisions. The profession is so broad, so rich in opportunities, that the individual intent on a career in nursing must consider a host of choices. Which area of nursing am I most interested in—surgical nursing, psychiatric nursing, pediatric care? What setting do I want to work in—a hospital, a school, a corporation? Am I interested in administration, out-patient care, teaching?

Few people can know in advance exactly what their aims and interests will be in the future. The key to success, therefore, lies in preparing for as many options as possible, so that decisions in the future can be made with intelligence, flexibility, and perspective.

The key, in short, is an education that prepares tomorrow's nurse for the broadest possible range of career alternatives—a four-year education leading to a baccalaureate degree.

The Baccalaureate Degree in Nursing

As nurses play a greater role in the health care field, they need to be better prepared in every way. This means acquiring not only the specialized scientific training required for licensure, but the broad-based knowledge and skills needed to thrive in an environment of innovation and change.

Nursing is not an isolated profession but an intergral part of modern society. Nurses must be well-educated individuals with skills that go well beyond the profession itself. They must be first-rate communicators, armed with superior verbal and written skills. They need quantitative skills, often a knowledge of computers, and a grounding in the liberal arts. These are the skills acquired in a baccalaureate program, in which students have four full years to explore the world of nursing—and the wider world in which nursing plays such a key role.

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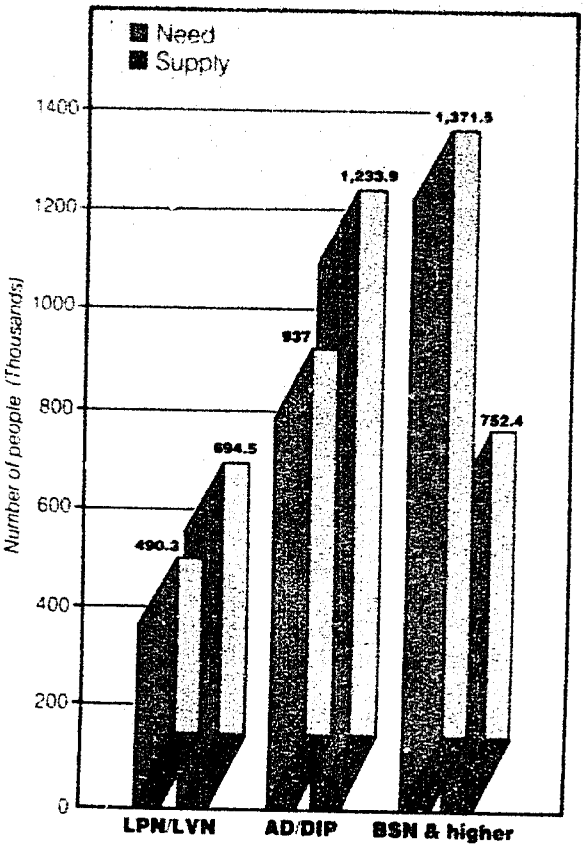
Meeting the Demand

The health care field *needs* qualified nurses with four-year degrees—and this need is growing every year. In fact, by the year 2000 there will be only half as many nurses with four-year degrees as our society requires. This represents a shortfall of over 600,000 nurses with bachelors or advanced degrees. At the same time, the number of nurses with two-year degrees will exceed the demand for their services by nearly 300,000.

The nation's health care providers recognize the importance of a four-year education. And our nursing schools are seeking candidates with the talent, the ability, and the commitment required to meet this extraordinary demand.

Estimated Need and Supply for Nursing Personnel in Year 2000



Source: Department of Health and Human Services (1984). *Report to the President and the Congress on the status of health personnel in the United States*

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Recrutment

A World of Alternatives

A four-year nursing degree can open up a rich diversity of opportunities. Armed with a liberal education, the nursing professional can explore the entire range of nursing career alternatives.

From Hospital to Home

As health care costs rise, there is an increasing emphasis on home care. The nurse prepared with a baccalaureate degree can care for patients in any environment, providing the highest standards of skill and patient care. These nurses can explain the use of home health care equipment to patients, and direct their therapy with the confidence that comes only from competence.

Care for the Elderly

Caring for older people is one of the fastest-growing areas of nursing. Life spans have been greatly increased, and the older person today is more active and lively than ever. These demographic trends, coupled with the tremendous advancements made in health care for the elderly, mean virtually limitless opportunities for the nursing professional with the proper educational background. Today's nurses are with elderly patients twenty-four hours a day—caring, counseling, guiding the way toward recovery. If technology improves the quantity of life, the baccalaureate nurse improves the quality of life.

Leading the Way Through Research

Research has expanded the range of health care, and today's better educated, better prepared nurse is taking a much more active role in this important field. Not only are more nurses performing research, but those prepared with a baccalaureate degree in nursing are better able to apply research in direct patient care. In addition, one of the modern nurse's most important roles is to integrate the findings of research into the planning of patient care.

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Education for Leadership

In Touch With the World of High Tech Health Care

As technology has extended the boundaries of health care, the role of today's nurse has become even more vital. The baccalaureate-prepared nurse now operates an increasingly complex array of technologically sophisticated devices. More importantly, the nurse translates this high tech intensive care environment into human terms, helping the patient understand the purpose and importance of these complex devices. In a world of high technology, the nurse preserves the human touch

Skills for Decision Makers

In critical situations, decisiveness can spell the difference between life and death. Today's nurses have been educated to make quick decisions. Nurses prepared with a baccalaureate degree don't need a formula — years of quality education have taught them to size up critical situations quickly, and to respond with fast, intelligent action.

A four-year degree prepares nurses for taking on additional responsibility, particularly in the area of management. Superior managers are highly valued in any organization, including health care facilities. These individuals need to be knowledgeable in a variety of areas, from written and oral communications to psychology and organizational behavior. With a baccalaureate degree, today's nurse can step easily into a leadership role, with the confidence and skills needed to motivate and manage a staff of nurses, nurse aides and technicians

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Recruitment

An Invitation

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New York, New York 10031
(212) 690-4178

College of Mt. St. Vincent
Division of Nursing
Riverdale, New York 10471
(212) 549-8000 Ext 326

College of New Rochelle
School of Nursing
New Rochelle, New York 10801
(914) 632-5300 Ext 437

Columbia University
School of Nursing
630 West 168th Street
New York, New York 10032
(212) 305-3553

Dominican College of Blauvelt
Division of Nursing
10 Western Highway
Orangeburg, New York 10962
(914) 359-9555

D'Youville College
Division of Nursing
Buffalo, New York 14213
(716) 881-7613

Hartwick College
Department of Nursing
Oneonta, New York 13820
(607) 432-4200 Ext 359

Hunter College of the City University of New York
Hunter-Bellevue School of Nursing
425 East 25th Street
New York, New York 10010
(212) 481-4312

Keuka College
Division of Nursing
Keuka Park, New York 14473
(315) 536-4411 Ext 273

Lehman College of the City University of New York
Department of Nursing
Bedford Park Blvd West
Bronx, New York 10468
(212) 960-8213

Long Island University
Division of Nursing
University Plaza
Brooklyn, New York 11201
(718) 403-1059

Marist College
North Road
Poughkeepsie
New York 12601
(914) 471-3240 Ext 503

Molloy College
Department of Nursing
Rockville Centre
New York 11570
(516) 678-5000 Ext 257

Mt. St. Mary College
Division of Nursing
Newburgh, New York 12550
(914) 561-0800 Ext 137

New York University
Division of Nursing
429 Shimkin Hall
New York, New York 10003
(212) 598-3921

Niagara University
College of Nursing
Niagara, New York 14109
(716) 285-1212 Ext 350

Pace University
Lienhard School of Nursing
Bedford Rd
Pleasantville, New York 10570
(914) 999-3373

Roberts Wesleyan College
Division of Nursing
2301 Westside Drive
Rochester, New York 14624
(716) 594-9471 Ext 128

Russell Sage College
Department of Nursing
Troy New York 12180
(518) 270-2231

State University of New York at Binghamton
School of Nursing
Binghampton, New York 13901
(607) 777-2311

State University of New York at Buffalo
School of Nursing
Buffalo, New York 14214
(716) 831-1536

State University of New York at Brockport
Department of Nursing
Brockport, New York 14420
(716) 395-2355

State University of New York Health Science Center at Brooklyn
College of Nursing
Downstate Medical Center
450 Clarkson Avenue
Brooklyn, New York 11203
(718) 270-2883

State University of New York College at Plattsburgh
Department of Nursing
Plattsburgh, New York 12901
(518) 564-3124

State University of New York at Stony Brook
School of Nursing
Health Sciences Center
Stony Brook, New York 11790
(516) 444-3260

Syracuse University
College of Nursing
Syracuse, New York 13244
(315) 423-2144

University of Rochester
School of Nursing
Rochester, New York 14642
(716) 275-2371

Wagner College
Department of Nursing
Staten Island, New York 10301
(718) 390-3436

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Recrutment

American Association of Colleges of Nursing

National Center for Higher Education

ONE DUPONT CIRCLE SUITE 530 WASHINGTON, D.C. 20036 (202) 463-6930 aacn

The American Association of Colleges of Nursing (AACN) is sending this statement to you because we know you share our concern about the nursing personnel shortage.

DEMAND

The demand for well-prepared nurses in health care delivery has never been greater. Patients receiving care in acute care settings are sicker and require more intensive application of technology. In addition, changing demographics in our nation reflect an increasingly large population of frail elderly requiring knowledgeable and skilled nursing care. The organizational complexity of present day hospitals and other health care organizations has also increased the demand for nursing personnel. Indeed, data from the American Hospital Association show a doubling of budgeted vacancies for nurses now in hospitals. Increased vacancies are projected to continue well into the future.

The many other arenas in which nurses practice offer serious competition to hospital nursing services. Surgicenters, health maintenance organizations (HMOs), insurance companies, ambulatory care centers, computer and accounting firms, corporations that use nursing expertise, and all other care delivery modalities are seeking appropriately qualified nurses. Home health care agencies are beginning to recruit and attract more critical care and other highly skilled specialty nurses, thus competing more directly with hospitals for scarce professional resources. Administrators in home health care agencies, as well as those in the nursing home sector, report they are having great difficulty meeting the demand for properly prepared nursing staff to care for more acutely ill patients.

SUPPLY

Figures on enrollment in AACN member schools during the period from fall of 1983 to fall of 1987 indicate a drop of 21 percent in generic baccalaureate enrollments (students with no past nursing education experience). Enrollment in master's and doctoral programs in nursing is up 19 percent. In the past two years, enrollment of Registered Nurses obtaining the baccalaureate is up 11 percent. These last figures identify the trend of nurses seeking advanced education to increase their knowledge and skill commensurate with the demands of today's health care system.

Baccalaureate graduates are prepared as generalist practitioners in direct care delivery. Surveys by AACN show that, at one year postgraduation, 96 percent of baccalaureate nursing graduates are practicing in hospitals and other health care settings. Master's and doctoral graduates are prepared as specialist practitioners in direct

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care delivery or as administrators, educators, or researchers. Virtually all nurses with graduate degrees occupy positions in the nation's health care and educational settings.

Available evidence points to two clusters of factors contributing to the decline in undergraduate enrollments:

1. Other career opportunities such as business, medicine, and engineering have opened up for women. These careers are perceived to be more attractive than a career in nursing. Thus, for the first, time nursing must respond to serious competition from other fields.

2. The work of nursing and the environment in which this work occurs are perceived to be undesirable. Many settings have lagged in providing conditions conducive to satisfying professional practice. Greater autonomy in practice recognition and status, career mobility at the bedside, salaries in line with salaries of comparably educated persons, incentives to encourage experienced nurses to remain in clinical care, and a differentiated wage structure that recognizes education are all components of desirable practice settings.

SOLUTIONS

The Association recognizes that solutions to this complex set of concerns require strategies that address both supply and demand. We welcome the opportunity to work in collaboration with nursing administrators, health care administrators, and key organizations to resolve these important concerns.

Demand Strategies

Demand strategies would focus upon designing and testing nursing service delivery systems that incorporate improved practice environments, authority over nursing practice, nurse involvement in hospital management decisions regarding standards of practice and support services, and judicious use of assistive nursing personnel. The Association has information on many hospitals in both university and community settings that have successfully implemented these strategies in a cost-effective manner. These hospitals have shown they can recruit and retain their nursing staffs despite widespread shortages.

Because the perception is so widespread that the conditions of nursing work are unattractive, another strategy must focus upon public relations. Nursing careers provide flexibility, opportunities for educational mobility, intellectual stimulation, and avenues for humanistic services. Nurses are responding to challenges to improve health care and meet consumers' needs for new and better systems and models of care in a cost-conscious society. Nursing research has already made major contributions that have enhanced quality of care. Success stories of nurses in improved practice settings disseminated widely at national, regional, and local levels would prove highly effective.

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A well-coordinated publicity effort is critical to the success of any strategies put into place to counter the effects of a nursing shortage.

Supply Strategies

The Association is actively implementing a national recruitment and retention strategy that focuses upon widely publicizing the benefits of a nursing career as well as assisting member schools in recruiting and marketing the profession to potential students. Again, we welcome the opportunity to provide leadership in recruitment and marketing of nursing to young women and men, and recognize that collaboration with others is essential for success in these endeavors.

More scholarships, traineeships, loans, and other means of financial assistance are essential so nursing can compete with other career choices. The high debt for education that many students incur is not counterbalanced by good salary return over the course of a career. The Association works actively with legislative and executive branches of government at the federal level to gain maximum financial assistance for university/college schools of nursing. We invite others to work in partnership at the federal, state, and local levels to obtain additional scholarships, loans, and other forms of financial aid.

A third supply strategy is for service agencies and schools to collaborate in recruiting students. Examples of such collaborative activities include 1) jointly planned programs that invite interested high school students to visit local hospitals and schools to discuss nursing as a career and to observe staff nurses in practice, 2) jointly sponsored scholarship and work study programs, 3) jointly sponsored "Nurse Clubs" in primary and secondary schools with nursing service and faculty personnel acting as student mentors, and 4) development of a service/school speakers bureau to address PTA groups and counselor organizations. Such service/education collaboration strategies can be coordinated at local, regional, and national levels.

The Association represents 400 schools of nursing in senior colleges and universities. Its goals are to advance the quality of baccalaureate and graduate programs in nursing, provide for the development of academic leaders, and promote nursing research. The Association supports two levels of entry into nursing practice that would delineate technical and professional nursing roles.

We are pleased to share the information in this statement with you. We invite you to contact Barbara Redman, Executive Director, for further information, and look forward to working with you on these important matters of mutual concern.

February 1, 1988

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Four Years:
An investment in a lifetime of opportunity

Focus on Careers in Nursing

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Health care: no field offers more excitement, more diversity, more options for personal and professional satisfaction. Nurses are at the heart of this dynamic field, contributing to all areas, from patient care to research to education.

The decision to become a nurse is only the first of many such decisions. The profession is so broad, so rich in opportunities, that the individual intent on a career in nursing must consider a host of choices. Which area of nursing am I most interested in—surgical nursing, psychiatric nursing, pediatric care? What setting do I want to work in—a hospital, a school, a corporation? Am I interested in administration, out-patient care, teaching?

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Produced by the Council of Deans of Nursing, Senior Colleges and Universities of New York State

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[illegible] Degree In Nursing

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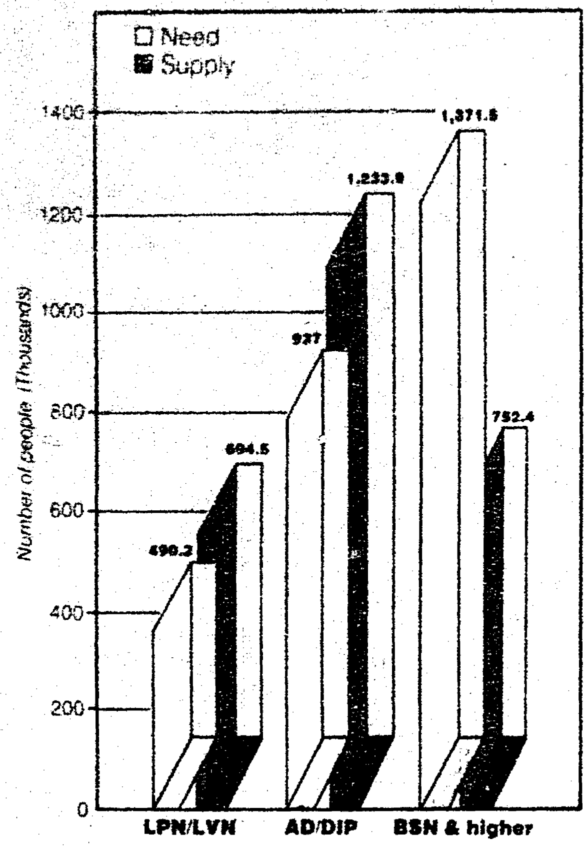

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NURSING SHORTAGE POLL REPORT

How bad is the shortage? What problems has it caused for nurses across the country? You'll find the answers here.

BY THE EDITORS OF NURSING88

How is the nursing shortage affecting nurses today?

To answer that question, we ran a poll in our July issue last year [illegible] the response [illegible] ,023 nurses took the time to fill us in on what's happening, and many of them wrote long letters. This was an unusually high response, so we know these [illegible] to the nurses.

[illegible] other organization [illegible] publication that we know of was seeking nurses' opinions on such a large scale as this. But we also wanted to see if staff nurses at large were saying the same thing nursing management was saying. So at the same time, we mailed a separate survey to 500 nursing executives—specifically, directors of nursing (DONs)—across the country. We compared these responses and those from the DONs who'd answered our magazine poll with the responses from nurses at large.

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Throughout our report, we'll compare these two viewpoints for you; we think you'll agree that there are a few very interesting points of differences. When we don't specify nursing executives, however, assume that we're referring to the responses to our magazine poll from nurses at large.

Here are some of our key findings:

- *Nearly everyone is concerned about the shortage.* Most respondents said they were very (47%) or moderately (43%) worried. (Among nursing executives, the "very worried" rises to at least 64%*; 35% are moderately worried.)
- *About three-quarters of our respondents say their hospitals are having difficulty hiring and retaining RNs.* Nursing executives confirm this.

Most nurse respondents said salaries hadn't increased. Most nursing executives said they had.

- *New hiring practices are common.* About 51% report the hiring of more new graduates for critical and emergency care units; 48% are seeing more agency nurses; 30%, more LPNs/LVNs; 28%, more nursing assistants (NAs). (Again, these figures are very close to nursing executives'.)
- *Staffing patterns have also changed dramatically:* 76% (and 86% of the executives) report increased overtime; 51% (49%), shift rotation; 43% (32%), weekend assignments.
- *Most (59%) say salaries and benefits have not increased because of the shortage.* But nursing executives tell a different story: 58% of those whose hospitals are experiencing a shortage say salaries and benefits *have* increased; 24% say benefits have increased.

We'll take up the facets of the shortage issue that we explored in our surveys first—current hiring, staffing, and retention practices; nurses' mobility and job satisfaction; nurses' thoughts on the future of the profession, and specifically, whether they'd recommend nursing as a career. Then we'll go into several side issues that were very much on the minds of our respondents. Our survey apparently gave them a chance to vent, and vent they did—about the American Nurses' Association (ANA) position regarding entry levels... the lack of money (and yes, time) for more education... the push (with little payoff) for BSNs... the disenfranchisement of LPNs/LVNs... and more.

Too little communication?

If 90% of our respondents are saying they're worried about this shortage, would you expect their DONs to have talked to them about it? Only about a third (32%) of our respondents said their DON actually has talked to the nursing staff about an immediate or future shortage and defined the approaches their hospital will take. But again, our nursing executives claimed otherwise; 8[illegible] say they've discussed these things with their staff.

Are doctors aware of the nursing shortage? Most nursing executives (87%) think they are, but just slightly more than half (51%) of our nurse respondents are sure they are; 35% say they don't know. And as far as administration goes, 51% of nursing executives say their chief executive officer (CEO) is giving the shortage "high" priority; 39% say "medium" priority. It's a good thing the CEOs are paying attention to it, because most nurses (69%) thought their nonnursing friends—in other words, the public—knew about the problem, and 80% of these nurses said their friends were interested enough to discuss the problem with them.

Seeing it from two sides

The same high percentage of nurses and nursing executives—83%—reported difficulty in hiring RNs. And 87% of our poll respondents said retaining RNs was a problem; only 51% of nursing executives would admit this.

DONs also had a rosier view of salaries and benefits. Only 38% of the nursing poll respondents said salaries had increased because of the shortage, compared with 58% of the nursing executives who said this. Only 12% of the nurses but 24% of the executives said benefits have increased.

Did the DONs know something the nurses didn't, or was this simply a matter of different perspectives? Our nurse respondents at large may have been thinking of their own paychecks when they answered, and DONs might have been thinking of higher starting salaries for recruits or even new policies that haven't yet been announced. In any case, most nurses aren't aware of financial gains.

Even so, many nursing executives are

HOW TO ATTRACT A NEW NURSE

Besides the more common incentives for new nurses—finders' fees ("bounty" bonuses) to staff, relocation expenses, and bonuses to recruits (as high as $10,000 to work on an intensive care unit), our respondents named several other creative enticements, including:

- tuition reimbursement programs—RN "mobility programs" to get degrees, LPN scholarships to become RNs, and so on
- specialty training programs
- refresher courses for returning RNs, LPNs
- student loan payments
- flex schedules
- Baylor Plan
- 4-day work week
- choice of shifting rotation
- cash incentives/increased shift differentials
- salaried positions for medical/surgical nurses
- subsidized housing for 3 months
- 401(k) savings program
- 3 weeks' paid vacation

[illegible]

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* [illegible]

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worried that RN salaries will increase to the point that their CEO will no longer hire as many RNs. About a fifth (22%) are very concerned, and 51% are moderately concerned about this possibility.

How hiring patterns are changing

About half (51%) of our respondents say the shortage has forced their hospitals to start hiring or to hire more new graduates for critical care and emergency care units, followed closely by agency nurses (48%) and LPNs (30%) and NAs (25%). Nursing executives' responses are similar.

In some hospitals, even pay differentials for BSNs may be disappearing.

When you look at the groups *being considered* for hire, though, the ranking changes a bit. LPNs are on the upswing. More nursing executives (20%) are considering LPNs, 18% are considering NAs; and 14%, new grads for critical care or emergency. Only 7% of nursing executives are thinking about hiring agency nurses.

Most (72%) say their hospitals haven't given priority to hiring BSNs; even 67% of the nursing executives say this. A third of those whose hospitals had given priority to BSNs in the past now say that priority has changed, mainly because they can no longer afford to be so picky. Many hospitals are "taking what they can get." In fact, a number of respondents commented that even pay differentials have evaporated in their hospitals, and now associate degree (AD) nurses are making the same salary as BSNs.

Hiring incentives

Hospitals certainly have discovered how hard it is to attract new nurses. To make it easier, some of them are offering special incentives or perks. Though only 23% of our nurse respondents were aware of any unusual incentives, 45% of the executives mentioned offering at least one incentive. Tops on their list were finders' fees (or "bounty" bonuses) to staff members who recruit new nurses (27%) and relocation expenses (21%), followed by bonuses for new nurses (12%). See the insert, *How to Attract a New Nurse*

NURSING EXECUTIVES LOOK AT THE SHORTAGE

"We're trying to develop a family atmosphere. We praise our nurses, we love them. We buy them ice cream or wine and cheese after a hard day."

That was one of the more upbeat responses we received when we asked nursing executives what they were doing about the nursing shortage. Unfortunately, the most common response to the question ("What are you doing about hiring or retaining RNs that might help the entire profession resolve the nursing shortage?") can be summed up in two words—"Nothing new." Of the 230 nursing executives who responded to the survey, 76 (33%) gave that answer.

However, some nursing executives said their hospitals *are* trying to do something. Recruitment campaigns designed to attract high-school students and other prospective nurses appear to be the most popular strategy. About 11% of the respondents said their hospitals have launched such programs.

Other respondents (7%) mentioned scholarship programs; 6% said their hospitals are trying to get nurses more involved in making important decisions. An equal number of respondents (5%) pointed to tuition reimbursement, competitive salaries, flextime, and better benefits as incentives.

In light of the nursing shortage and the current "physician glut," the survey also asked nursing executives to consider this scenario. *A doctor is "unit director." Reporting to that unit director are registered nurses as "team leaders." Reporting to the team leaders are nursing assistants.* The nursing executives were asked if this scenario could become a reality at their hospitals.

The response was overwhelmingly negative, with 177 respondents (77%) saying it wasn't likely to happen; where they were, "Heaven help us!" one respondent said.

But some nursing executives (15%) didn't rule it out. "This has been discussed by the doctors with the board and the CEOs," a director of patient care services at a Massachusetts hospital reported.

A senior director of nursing at a South Carolina hospital wrote: "It's sad, but it's possible."

Finally, the nursing executives were asked to predict how the nursing profession will change as a result of the nursing shortage. The most prevalent prediction, offered by 19% of the respondents, was that more LPNs and nursing assistants will be used in the future. About 14% predicted that salaries and working conditions will improve because of the shortage.

Only two nursing executives predicted that the shortage will lead to a mandatory BSN degree. Other respondents felt differently. "The shortage will prolong agreement on making the BSN mandatory," said a vice-president of nursing at an Illinois hospital.

One respondent predicted that "rural hospitals will close and patients will be shipped to larger facilities where RNs are employed." Another took an equally dim view, predicting a "decrease in quality of care and patient satisfaction."

Perhaps the last word should go to an assistant executive director of nursing at an Indiana hospital, who had this to say about the future of nursing: "If the leadership in nursing is strong enough to unite all factions, and if strategic plans are developed to promote nursing, the profession will become stronger. If not, patient care will be performed by less competent people and the profession will deteriorate."

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Staffing patterns shaken up

Because new nurses are so hard to get, staff nurses everywhere have had to stretch, bend, and turn themselves inside out to meet patient care needs.

According to our poll respondents, there's more overtime (say 76%), shift rotation (51%), and weekend assignments (43%) these days. More nursing executives (86%) point to overtime, but fewer of them (32%) note weekend assignments.

These changes are burdensome and burnout-causing for many. See *The Voice of Burnout* (next page) for a glimpse of some individual stories.

Job satisfaction

When asked how satisfied they were with their present jobs on a scale of 1 (very dissatisfied) to 5 (very satisfied), most respondents answered somewhere in the middle: 3.1 was the average rating. Only 9% were very dissatisfied, and another 9%, very satisfied.

What was different about those who were very satisfied? Our cross-tabulations showed that this group tended:

- to work in better-staffed facilities (because they were less likely to report hiring and retention problems)
- to work in facilities where salaries and benefits had increased.

They were also less likely to report increased overtime, weekend assignments, and shift rotation; and more likely to have primary nursing care where they worked. Finally, this group was more likely to list their title as "other" (meaning nurse coordinator, educator, clinician, clinical specialist, and so on) or as director/assistant director of nursing.

Most nurse respondents would or might choose nursing again, but 33% would not.

If our poll respondents had the opportunity to choose their careers again, 31% of them would choose nursing; 35% might choose it, and 33% would not. Also, 38% have encouraged other people to enter nursing, but 60% have not.

Not surprisingly, our "very satisfied" respondents were quite a bit more likely to choose nursing again—59% said they definitely would. Nevertheless—and this is something of a surprise—15% of these very satisfied people would definitely not choose nursing again, and 35% of them have not encouraged other people to enter nursing.

What does this mean? Our guess is that even those who are fulfilled in their work are seeing the other options out there today. Changes in our society, our culture, our economy—like a strong undertow—are pulling many nurses and would-be nurses into other directions.

Moving around

The "grass is greener" syndrome is certainly at work *within* the field, too. Though a sizable percentage of nurses (44%) hadn't changed jobs in the last 5 years, over half (55%) had—once (30%), twice (15%), even three or more times (10%). Nurses overall may be prone to a 7-year itch: The longest amount of time respondents had held a job came to an average of 7 years. What's more, 61% said they hadn't stayed long enough at a job to be vested for retirement.

The most mobile nurses gave several reasons for their job hopping, including:

- move/change in spouse's job
- better staffing/more manageable work load/less stress
- better salary/benefits
- more autonomy
- professional growth and development/more challenge
- change of field (such as to home care)
- better hours, working conditions, flexibility, and so on.

The strain of short staffing ...and the risk of new grads

So short staffing, too much work, and too much stress *can* make nurses unhappy enough to change jobs. Short staffing makes it impossible for many nurses, in fact, to feel any job satisfaction. Because patients are sicker, more staff is needed to begin with. And in many cases, the existing staff may not be fully qualified (what with hiring new graduates and so on) to deal with the sicker patients and shorter hospital stays.

Nurses, then, may be doubly frustrated: There aren't enough of them to go around, and there aren't enough at *full power*. Several of our respondents described the conditions that are pushing them, if not to other jobs, to the brink of burnout:

- "We're severely understaffed—part-time nurses (5 days in 2 weeks) are working 8 to 10 days. Double shifts are not uncommon, and overtime is so common we tend to think of ourselves as working 9- to 10-hour shifts. New employees, mostly graduate nurses (GNs), are used as regular staff during orientation because there are just not enough nurses to supervise them and provide patient care.

  "One night supervisor took a permanent position as staff nurse on the intensive care unit (ICU) because she didn't like being responsible for a 'house this badly understaffed.'"
- "Recent grads, in the last 2 years, haven't been educated enough. I recently worked with 2 such grads from separate schools whose skills were the worst I'd ever seen."
- "As a new graduate, I started my career on a medical/surgical unit. One time, another new graduate and I were left in charge of 39 patients."
- "Our new grads are often expected to be fully responsible for a full patient load after 4 to 6 weeks of orientation. They soon become discouraged."
- "Our acuity level has increased 36%, but our budget for nurses is unchanged."
- "At least 95% of us are concerned with giving good care—that's our first priority. Most of us leave after putting in a day with overtime and no breaks at all, still feeling that we've let our patients down."
- "Nurses are being taught what to do by the nurses who took care of the patient the day before. Each patient takes at least an hour of care in the morning, plus vital signs every 2 hours, frequent blood work, ambulation, I.V. adjustments, medications, and so on. Yet this week, with four open-heart patients and several 'routine' patients (one of whom was on a ventilator), the wing was to be staffed by one RN, two GN orientees, and one LPN. We feel there's a disaster in the making here, and we pray that it'll be a 'routine' complication of the surgery and not one of our making."
- "The nurse-patient ratios haven't changed in years, though our patients are sicker than ever before. Teaching becomes paramount as patients are dis-

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charged early. In obstetrics, the average stay is less than 24 hours—how can we teach those mothers the important things in such a short time?'"

Resentment toward administration, doctors, and nursing management
Administration is seen as the culprit by some nurses.

- "Our hospital has had the nerve to open a new 'overflow' unit despite an already dangerously short staff. They've hired agency nurses for it who get at least double our salary caring for only a couple of patients. Meanwhile, our overworked medical/surgical nurses are dragging their bodies through a long overtime shift caring for at least 14 patients apiece! Everyone is infuriated. It seems that our hospital is so money hungry...."

[illegible]

- "Administrators are losing touch with the staff. We've complained when we've been assigned more patients than we could handle. We've had patients who would have been on ICU but for lack of beds; they needed constant attention, but we were still assigned five to seven more patients. We were told 'too bad.'"

Doctors aren't much help either, if we're to judge from our respondents' comments. "We nurses get absolutely no support from the doctors," said one. "All they seem to care about is that their patients didn't get their IVs started or their call lights answered soon enough."

But most negative words were for nursing management itself.

- "Our DON says, 'If you're so unhappy with your job, just quit.' Is that support or what?"
- "At a meeting with our nurses to ask what could be done to reduce the stress levels on our floor, the vice-president for nursing promised that we wouldn't be pulled to other areas. Three days later I was pulled to a unit where I took care of a thrombocytopenic patient on chemotherapy. For that they needed a telemetry certified nurse! Wouldn't a pull from the oncology floor have been better for the patient?"

On my floor, I was replaced by an

THE VOICE OF BURNOUT

Burnout is nothing new, of course, but it may be happening to many more nurses than ever these days. Sad—and ironic—isn't it? Now, when we need to keep nurses most, conditions are driving nurses to exhaustion, and many of them just don't want to take it anymore. Here are a few of our respondents' stories.

Underappreciated
"Nurses have always been very giving to others—nurturing, understanding, willing to go the extra mile. But lately a lot of us feel misused and abused. If I'm serving on three committees and acting as team leader and working hard to help five patients, and nursing administration doesn't consider my opinion valid, then *what am I doing all this for?* You get a couple of put-downs and you say, 'That's it. I'm quitting.' This is what you're seeing now nationwide. There's no shortage of nurses with licenses. There's a shortage of working nurses who are willing to endure impossible working conditions."

Disillusioned
"I still love nursing, but I talk to nurses at other facilities and they all believe nursing has lost its personal touch. It's just a job, staff morale is low, and they don't seem to care about patients or fellow employees. That's too bad. I still care, but I also know that the low morale, high stress, and my recent physical injury (bad back trying to get patient out of bed without enough help) aren't worth it to me or my family. I'm only 27."

Feeling old before her time
"I'm an 18-year veteran of a county-owned nursing home. I have grown with the changes and groaned with the changes. At age 40, I feel like 80. I work hard—as DON, staff [illegible] technician, mother confessor, [illegible] person, orientation person, in-service person, staffing coordinator, personnel manager, etc. I take my position seriously, and I take it home with me.

"I'm on call whenever anyone can find me. I'm scared to death that something will go wrong and I'll lose my license.

"So I'll find a new job within the next 5 years. A cut in pay wouldn't faze me if I could get rid of my ulcer and tension headaches (before I lose my mind and my husband!)."

Dead tired
"As a floor nurse, you're burdened with so much work that you can't possibly do it in 10 hours, much less 8, and that's without stopping to eat or go to the bathroom. Then only rarely are patients grateful.

"I have only one life to live, and after 8 years of this thankless life, I want to know what sharing holidays with my family is like. I want to see my children grow up. I want my hours off the job to be spent living, not sleeping because I am dead tired from the 50 to 60 hours or more I've worked without eating, running full steam wide open, trying to make all my patients happy, trying to give the best patient care I can, and trying to get all the tons of paperwork done so that everything [illegible] matters legally.

"Now they're telling us, 'You don't have the right to know a patient has AIDS. He has the right to privacy.' Don't nurses matter? Don't their families matter? In 5 or 10 years, when all the nurses are either dead from AIDS or gone to other professions, who will take care of the secret AIDS patients then?"

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LPN who couldn't treat telemetry patients or even read strips, did not know how to listen to breath sounds, and could not give out meds. An LPN last week gave up his holiday to come in and help out our floor. He was sent to another floor (and he says he'll never volunteer again)."

- "These people have been in their jobs *too long!* They sit in their offices and really don't know what's going on. The nurses on our obstetric floor had been complaining for a long time to their DON and director of personnel that they were working under dangerous conditions and were too short staffed. Management kept telling them, 'It's not in the budget to hire. Sorry.' The doctors finally got together and complained to the president of the hospital, saying they'd pull out if there weren't enough nurses. Needless to say, jobs opened up and RNs were hired! But we still don't have a voice."
- "It seems management never asks themselves why nurses keep leaving. They look only at the immediate problem—finding another nurse. (And then she quits within a few months, or maybe a year.)"
- "How is it that nursing allowed its staffing to be cut at a time when patients were sicker than ever? I blame that on poor nursing leadership nationwide. These nurses with their PhDs and masters and clinical specialties sit in their ivory towers and preach about how we should 'work smarter, not harder,' and that doesn't help those of us on the front lines at all. They have no idea what we go through day by day just trying to get the work done. And if you complain or try to suggest changes, they label you a troublemaker."

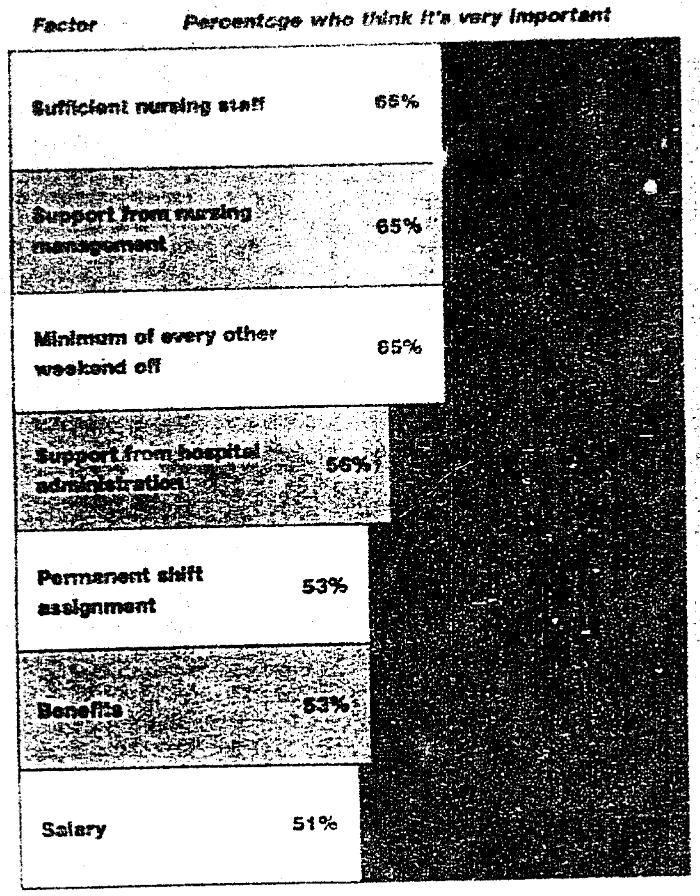
"They preach 'work smarter, not harder,' but that doesn't help us on the front lines at all."

Resentment over salaries

Though salary isn't the most important thing for many nurses (see *What Nurses Want Most*, opposite), it's still fairly important. When nurses start adding up the hassles and comparing them to their paycheck, a lot of them seem to say, "This isn't worth it." Here are some comments:

WHAT NURSES WANT MOST

What things were most important to our respondents in evaluating their present jobs? Nursing executives and administrators alike would do well to heed this wish list. Here's how it stacked up, starting with the most important:



Other important factors included staffing patterns in general (48%); support from doctors (44%); opportunities for advancement (41%); location (36%); and staff-development programs (34%).

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- "There are plenty of nurses out there—just not enough compensation and too many hassles to keep them working. . .

"Hospital administrators refuse to pay nurses their true worth and they get away with it to a point, because they all band together in a given geographic area and price-fix salaries. Of course, they don't totally 'get away' with it, because nurses are always leaving."

- "If we were offered $40,000 a year, maybe high-school students would consider nursing as a career. Right now, it's a very tough profession to love."
- "Nursing salaries are a joke. I have a friend whose only job is emptying mailbags off the truck at the post office and he gets $2 more an hour than me. After 13 years, I make only $11.50 an hour. And I'm supposed to be grateful. Any day I could do something wrong, kill somebody, and lose my license. For the responsibilities I have as team leader and charge nurse, I should get a minimum of $20 an hour.

"Our hospital recently introduced a clinical ladder with three separate levels. And only 50¢ separates each level. Our nurses are insulted. People who have worked 10 or 15 years will be making only $1 more at the top of the ladder than new grads!"

- "It's disturbing to find people my age (22) making much more money than me and having evenings, weekends, and holidays off. I realize we must work these days, but up to two weekends in a row and every holiday in the past year is too much. Now, with [illegible] years experience, I work rotating shifts on a medical/surgical floor (and on nights a nursing assistant and I can have 18 patients). On weekends, I have charge duties. Yet I make $10.91 an hour, the same as the GNs who are still in orientation."
- "I think our base salary should be $35,000 to $40,000 a year plus benefits. After all, we're required to know pathophysiology, pharmacology, psychology/counseling—and we're dealing with people's *lives*."

The entry-level battle

Many of our respondents complained that the ANA's position on entry levels wasn't helping matters at all. Diploma nurses were especially vehement:

- "I think the ANA and NLN are, like the unions in Pittsburgh that put the steelworkers out of work, making the nursing shortage much worse.

"I can't believe what they're doing to diploma graduates. I went to diploma school for 3 years—36 months straight—which I feel equals 4 years of college. Most of the time I'd rather work with diploma grads. When a master's degree nurse worked with me not long ago, she told me she couldn't get Mylanta down a patient's nasogastric tube. I immediately went to check the patient. She was trying to put the antacid down the sump portion of the tube. She's now teaching."

- "The fight over entry level stinks. We need frontline nurses—good old diploma nurses who know what real nursing is all about. Who needs a country full of BSNs (Big Shot Nurses?), MSNs, and PhDs? We have plenty of bosses already. Why can't nurses be nurses and forget all this bureaucratic blarney?"

[illegible] Isn't there room for everyone?

- "Granted, we need educated nurses, but having a BSN does not a nurse make! Why is everyone against 3-year diploma nurses? Ask anyone and they'll take a 3-year nurse any day. Why isn't there room for everyone?"

We had fewer comments from the other side. But this one acknowledged the problems that keep the push for BSNs from working: "The nursing population wants to be recognized as a profession with professional members. Every other professional group requires a basic college education. Yet nurses want the same status with a 2-year program from a junior college? That doesn't make sense to me.

"The problem now is that hospitals can't afford to insist on the BSN when they hire—there aren't enough out there. But then again, it's no wonder that interest in BSN programs isn't great. Why invest $20,000 or more in a college education so you can graduate and make as little as an RN makes and put up with the stress and aggravation of hospital nursing?

"I'm bailing out. I want the satisfaction of patient care in a role that's clearly defined—one that'll be recognized as a professional career. I will begin medical school this year . . ."

Pitfalls of the BSN push

Some nurses commented that the push for BSNs and beyond hasn't necessarily advanced nursing itself as a profession and it might now be keeping more people from the field. But worst of all, it's not helping to solve the immediate problems at hand.

A QUICK PROFILE OF THE NURSING87 POLL RESPONDENTS

- **Almost all (90%) of our poll respondents are RNs who work in a hospital (90%) or nursing home (5%). The largest segment of hospital nurses (39%) works on medical/surgical units and 25% work on an intensive care or critical care unit.**
- **Most respondents (61%) work in the city; 25%, in the suburbs; and 13%, in rural areas.**
- **74% are presently employed in nursing full-time; 25%, part-time.**
- **37% have a bachelor's degree; 25%, RN diploma; and 25%, an associate degree.**
- **All regions of the United States were represented.**

[illegible]

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- "I went to a diploma school attached to the hospital where I work, but that school is now closed because of the BSN push. Now there are fewer places in Maine where RNs can be educated, and with low pay, no wonder enrollment is dropping. When will state and national associations of nurses wake up to the real problem? When did they last work on a busy medical/surgical floor or an overcrowded ICU?"
- "Recently, I applied for a position but was turned down because I didn't have the proper initials behind my name, yet I was told I was the best for the job. The person they hired quit before she started, and so did the next person. Until our profession gets its act together on this entry-level controversy, these problems will continue to trickle down to the floor nurse."
- "We should have college-based nursing schools that give hands-on care—or have 2-year college programs, then 2-year internships in hospitals with enough *qualified* help to teach the practical end of nursing.

"Today we simply don't have enough time for weeks of orientation. We're often told, 'assign the GN one easy and one difficult patient.' But our work load is usually at least six, and maybe one of those can get out of bed or wash himself. Most are complete care—lift, tug, pull. On weekends we may have eight or more. That's the real world of nursing today."

LPNs—disenfranchised, disillusioned

Though the tide may be starting to turn again in their favor, many LPNs have been going through tough times in the last several years. Here, a few describe their problems:

- *Disenfranchisement:* "The nursing shortage isn't all that surprising. The trend now is to staff with all RNs. This is a mistake. How many nurses who have gone to school 4 and 5 years are really going to come on a unit to give baths, feed patients, and of course empty the ever-present bedpan?

"It's time for hospitals to stop and think about staffing with LPNs and nursing technicians. I have 24 years experience, but in the last 3 or more years here's what the hospital has taken from me:

1. I can no longer hang and regulate I.V.s.
2. I can no longer admit patients.
3. I can no longer do care plans.
4. My charting is no longer taken at face value; an RN must read and sign my charts.

"I'm not asking to do an RN's job. I'm only asking to do what I too have gone to school to learn."

- *Lots of pressure, but little incentive for education:* "Since our DON thinks that the only good nurse is an RN, all the LPNs have been urged to go back to school. But to be reimbursed only 50%, we have to work full-time; and even in a 2-year AD program, it's impossible. I tried it last year—worked 4 days (3 to 11) and went to school 3 days, which left no time for my family. I refused to go back this year because I was so exhausted. I was not reimbursed one penny for my efforts. Still, I couldn't see going back to school for only $2 more an hour as an RN."

And from another LPN: "The 'nursing shortage' must be overstated, or there would be more encouragement to attend RN schools. I attended LPN school and took the prerequisites for nursing school while working full-time. But now that it'll be necessary to quit working to finish, I can't get any assistance. It's impossible to go to school full-time and work 40 hours. I don't qualify for grants because I'm not 18 and I worked too hard last year. Scholarships are nonexistent."

No money, no time

LPNs aren't the only ones feeling the crunch for money and time to go back to school. The theory for upgrading nursing education may look good on paper, but the practice comes down to individual people—mostly women with families—for whom the struggle is just too hard. Some comments:

- "How can a mother go back to school? The nurses I know all say the same thing: 'I just can't go right now.'"
- "The reason most of the RNs I know are diploma grads is because of *money*. I, myself, one of eight children, received a full paid scholarship to a diploma program. Otherwise, I wouldn't be an RN at all. Most of us married and had children, and with each doctor visit, dental visit, and shopping trip for our children, the thought of returning to school became more of a fantasy. Now our teenage kids must go to college even to compete, and our aging parents and in-laws need care."

And one more "catch 22"

Even some nurses who work very hard to advance themselves may have to take backward steps along the way—when they move from one hospital to another, for example. This nurse told about the problem of having to start over when she changed jobs: "If I have to change hospitals as I had to last year, I go back to square one and get no recognition for my past achievements. If hospitals do this career ladder business, it should be transferable. I was treated as if I didn't know *anything*, when I'd been a neonatal ICU nurse on a Level III unit longer than my present NICU had been a Level III unit. Although I achieved a Level IV nurse standing within a year (I *am* a good nurse), this experience shattered my self-image. If I'd been a lawyer, engineer, doctor, or architect with 7 years of top-notch experience and had transferred, I doubt I'd have had to start from the bottom again."

A final overview

Our poll on the shortage did give us quite a broad picture of what's happening today—and why. We know there's some high anxiety out there, and substantial difficulty in hiring and keeping nurses. Yes, salaries may be going up, but mostly for new recruits. This has caused resentment among many veterans who still feel that they're not paid enough for what they do.

Another bone of contention is the controversy within the profession over entry level. Nurses' opinions seem to be divided by whatever category they're in—LPNs/LVNs, diploma nurses, AD nurses, BSN nurses, and beyond. These groups are like separate rail lines that frequently crisscross in practice but never seem to link up in a cohesive way even though their destination is supposedly the same. Nondegreed nurses resent being put down and not valued for their considerable knowledge and practical skills that *make a difference* on the floor. Those who do go on for degrees—at great personal expense and sacrifice—feel let down. The payoff

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WOULD YOU CHOOSE NURSING AGAIN?

For our respondents, the answer to that question seemed to depend on whether they saw their glass as half empty or half full. Although 33% were negative, 31% were definitely positive and another 35% were somewhat positive, so they said "maybe."

The disillusioned complained about several aspects of their work:

- **the frustration of not being able to take care of patients completely:** "I love being a nurse, but now I really don't feel as if I'm helping my patients because of lack of staff; it's discouraging."
- **the lack of positive feedback and support:** "However, when you make an error, your peers jump on you like piranha."
- **little respect from doctors and management:** "Doctors treat you like dirt. They don't believe you when you call about their patients; you're told to put on O_2 or take Valium for *yourself*."..."No matter how much you do in nursing, it's never enough. There's no appreciation for your efforts."
- **poor pay:** "The hours and pay stink. Some days I say, 'Why me?'"..."I could work as a grocery clerk; here nurses with BSNs get $10 to $12 per hour."..."I almost have a PhD and make less than others graduating with a BS in another field."..."If we were men, our salary would be three times what it is now, with less work."
- **high stress:** "Stress is too great these days. Patients want every penny of the hospital bill out of nursing staff."..."You need track shoes in the hospital."..."I often cry on the way to work. It's awful! I haven't encouraged other people to enter nursing—I couldn't sleep at night if I did."
- **politics:** "Nurses will not join together. They're constantly arguing over levels of entry. They're always stabbing each other in the back, instead of helping each other."..."Nurses have no major support group. No one in the ANA really hears us. They have no idea why nurses leave the profession."

Optimists, on the other hand, seemed to focus on:

- **the rewards of patient care,** the satisfaction of knowing they've helped someone: "Nursing repays with good feelings."..."The work is hard for the money, but I take home more than a paycheck."
- **the belief that changes are possible:** "We can succeed if we work together."..."You can make your job what you want it to be and institute change."
- **the flexibility of the job:** "A very flexible career that has complemented my duties as wife and mother."
- **personal enjoyment/fulfillment:** "Nursing has been very good to me. As an ED nurse, I enjoy the variety and pace."..."Even though it seems like a dirty word where I work, I *like* what I do and can't think of anything else I'd like to do."

This attitude was particularly common among those who'd known very early that they wanted to be a nurse or those who'd come late to the profession, finally satisfying a genuine interest in the field. "It's something I've always wanted; I guess you're born with it."..."I love nursing. I became a nurse at 41—a longtime dream."

- **a sense of mission:** "I enjoy caring for people and am very good at it. I feel I'm the voice for people who need help."..."I enjoy going home knowing I've made a difference in another person's life."..."I will always believe in the human cause of nursing."
- **belief in nursing's possibilities:** "I see great opportunities and expanded roles for nurses in the future."..."Nursing allows for growth in several different areas—clinical, management, and so on."
- **pride in the profession:** "No matter how bad or frustrating my day may be, I'll always be proud of my nursing career."

certainly isn't what they expected. The biggest frustration, though, is that nursing leadership can't pull this whole act together in a way that makes sense for both short-term needs and for long-term growth of the whole profession.

As for the future of nursing, you have to worry about the new graduates these days who are being baptized by fire. Without enough orientation, they're candidates for instant burnout. And their experienced nursing colleagues have to have more fear and apprehension on the job because of them. They know that if they can't rely on their colleagues, they're in trouble.

As the chances for burnout multiply, job satisfaction goes down. In another major poll conducted by this magazine in 1978, 79% of nurse respondents said they were moderately or very satisfied with their jobs. In this poll, only 34% could say the same. In fact, 31% said they were very satisfied in 1978, only 9% said so in 1987.

Nursing leaders can't ignore this.

Many nurses seemed to indicate in their letters that problems have been getting worse particularly in the last couple years. Some are internal to the profession, others are tied into the economic structure of the health care system; and still others have to do with society itself, and women's changing roles (with accompanying demands and opportunities). So the solutions won't be simple.

In 1978, 79% of [illegible] were [illegible] very [illegible] In 1987, only 34% were.

But if nursing isn't to lose its best and brightest, nursing leaders have to be more realistic about the enormous needs of patients, more responsive to the needs of nurses, and more politically assertive inside and outside the workplace.

What we all have going for us is that most nurses out there still care deeply about their patients. This, more than anything, comes across in their poll returns and letters. These nurses are keeping patients alive every day. Their contributions may go unheralded, but the health care system would be lost without them.

Yes, America needs nurses—and they're worth fighting for. RN

#132

Recruitment

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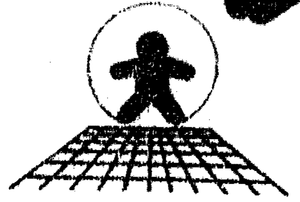
A CAREER OPPORTUNITY GUIDE PUBLISHED BY
THE AMERICAN NURSES' ASSOCIATION AND ITS 53 STATE NURSES' ASSOCIATIONS



What Is Contemporary Nursing?

Carol Wichman was 10 years old when she decided she wanted to be a flight nurse. She had never heard of flight nurses and didn't know if they existed. But she knew two things: she liked to fly and she wanted to be a nurse.

Now, 32 years later, Wichman is chief flight nurse at St. Francis Hospital in Colorado Springs, Colo. What seemed to be a likely combination when she was a child has become her career.

Wichman is one of many registered nurses across the country who have decided to specialize in one field of nursing. Strictly speaking, a nurse is recognized as a specialist if she has at least a graduate degree. These clinical nurse specialists and nurse practitioners combine their education and experience.

Other nurses pursue their fields of interest without a graduate degree. They are drawn to certain areas that continue to provide challenges.

Just as they can choose from a number of specialties and areas of interest, nurses can choose to work in a variety of settings. In addition to hospital work which attracts 68 percent of the nation's 1.7 million employed registered nurses, nurses can set up their own practices, partnerships or businesses, work as employees of companies, teach in schools of nursing, or work in birth centers, long-term care facilities or clinics.

Wichman went to nursing school and, in 1965, started work as a nurse on a medical surgical floor.

In 1972, when she was working in the emergency room at St. Francis Hospital, the hospital started using a helicopter to transport patients. Wichman was able to fulfill her childhood dream of becoming a flight nurse.

A critical care practitioner, Wichman works 12-hour shifts. She estimates that from 5 percent to 10 percent of her flights transport patients between health care facilities. The rest are emergencies, usually to pick up victims of car wrecks and heart attacks.

"It's not a glamorous job at all," she said with a laugh. "Not when you're out there scraping ice and snow off the helicopter and making sure you have enough supplies in case you get stranded. Or when you're knee-deep in mud, treating a patient."

When she isn't flying, she is available in the hospital to assist with difficult IVs and to administer drugs in the cardiac catheterization lab.

"You get instantaneous rewards. You get to see that the treatment works or doesn't work. I like to see the results instead of waiting two weeks."

• • •

Faith Knox has been a psychiatric mental health nurse practitioner in Corvallis, Ore., since 1983.

Knox is in private practice. She buys supervision and consultation services from a psychiatrist and meets with him every other week to review the files of four or five patients.

In nursing school, she took a psychiatric nurse rotation in a state facility. At the beginning of the rotation, she decided that psychiatric nursing would be her career. A month after graduating in 1973, she went to work in a psychiatric hospital.

In her practice, Knox works four nine-hour days a week and usually sees six patients a day. The first session with a new patient is devoted to psychological assessment that Knox uses to make a diagnosis and

Continued on page 2

Inside Direction...

Nursing Salaries: Outlook for the Future.

Current nursing students will still be in the early stages of their careers when the year 2000 arrives in just 12 years. Many will continue work in nursing until 2030 and beyond. What will nursing be like in the future? What are current and prospective nursing students' future employment and career opportunities? Will there be enough jobs? What about nurses' salaries?

Questions like these can't be answered with precision for the year 2000, let alone 2030. But some educated guesses are possible. They suggest that nursing will be an increasingly attractive profession with ample employment opportunities and earnings levels much higher than at present.

The shortage of nurses, especially of professional nurses with a baccalaureate or higher degree, will continue. The government projects that there will be 1,750,000 full-time equivalent RNs employed in the year 2000, but that the nation will need between 2,328,000 and 2,958,000 nurses then, depending on varying staffing assumptions.

This implies a massive future nurse shortage, from between half a million to more than one million RNs! Today's nursing shortage is a minor problem in comparison. After the year 2000, requirements for nurses will continue to expand as the baby-boom generation ages.

Thus, it appears virtually certain that there will be ample employment opportunities in nursing for all current and prospective nursing students throughout their careers.

A second consequence of the imbalance between the number of nurses available and the number needed in our health care delivery system will be improvements in nurses' salaries.

Average salaries in nursing are now around $25,000. By the year 2000, average nurses' pay should exceed $50,000 (although about 50% of the increase merely reflects future inflation). This increase will be brought about by employers' efforts to attract enough nurse employees in a time of persistent shortage.

More importantly, career earnings in nursing will be improved. Now, for most nurses in staff nursing positions, earnings peak after five or 10 years. In the future, to attract and retain increasingly skilled, specialized professional nurses, career ladders with continuing in-

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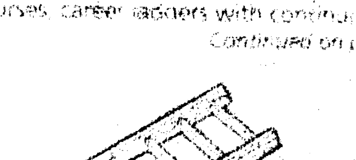

Planning Your Nursing Career

You will soon be starting on your career as a professional nurse. Have you been told the crucial importance of any beginning professional's first job?

Personnel studies have shown that the way you succeed at your first job may influence at least the first seven years of your career, if not your whole career. So it behooves you to look really hard before you leap, not just to fall into something because it's convenient. Nor should you take a job on impulse, counting on your winning personality to pull you through.

Why? Because nursing is a career. The average working life of a nurse is more than 30 years.

The statistics from the last national nursing survey bear this out. Nurses tend to work until age 55 at which time the dropout rate gets pretty steep. So if you start at 20 and work until 55, you will have put in 35 years.

Even if you are a woman and you stop to have children, you won't take long these days. The two-income family in this country is now the norm, not the ex-

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continued

devise a treatment plan. She reviews the treatment plan with the patient and they set goals. Psychotherapy then begins.

"I allow them to see their strengths," she said. "It helps people see themselves in a good light. Good psychotherapy helps them use their strengths instead of getting so tied up in their weaknesses."

She sees the same types of patients a psychologist would see, but does not provide family or marital counseling. Most of her patients are referred by other patients, and some have been to psychiatrists. She receives a few referrals from psychologists. Her fee is about half what psychiatrists charge.

"I like the flexibility," she said of her practice. "I like the autonomy. What attracted me to the idea of independent practice was that I felt I had gained enough experience. I really do try to individualize every patient's treatment."

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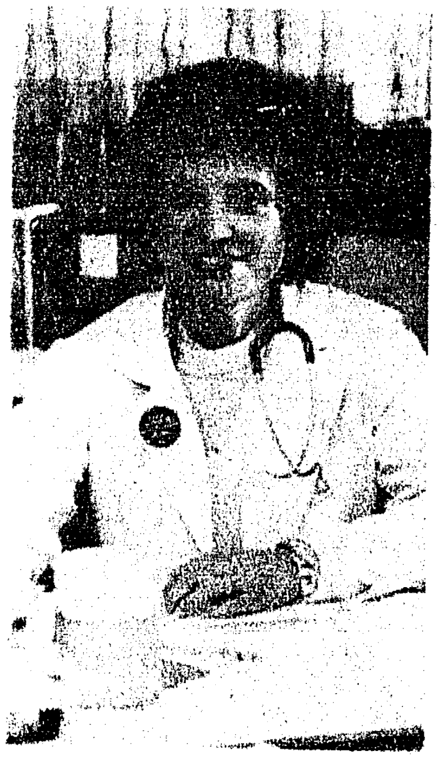

Corina Casias

Almost five years ago, Corina Casias asked an occupational health nurse about her job. That was all it took for Casias, then an assistant professor at the University of New Mexico, to decide she wanted to make a change.

Casias became an occupational health nurse for the Public Service Company of New Mexico in Albuquerque. Educated as a nurse practitioner, she missed caring for patients.

In her position at the public utility, Casias runs a one-person clinic for 540 employees at her site and 40 workers at another site. On an average day, she sees 20 patients. A physician comes in for an hour and a half three times a week.

Casias conducts employee seminars on such subjects as back problems and AIDS in the workplace. She still lectures at the university and is a preceptor for nursing students during their community health experience.

According to Casias, more nurse practitioners are becoming interested in occupational health.

"It's exciting and challenging," she said. "You need a lot of community health experience and outpatient clinic experience. There's a lot of decision making."

• • •

Another nurse who missed direct patient care is Charlotte Carey, who gave up her job as head nurse.

Carey is a staff nurse in the emergency trauma unit at Saint Mary's Hospital in Rochester, Minn., which is affiliated with Mayo Medical Center. The unit sees from 120 to 130 patients a day.

The 1,200-bed hospital is in a rural area, so most of the patients in the ER are victims of blunt trauma from traffic and farm accidents.

"No two days are alike," Carey said. "It's a wide range of nursing. It ranges from acutely ill and injured to the walking well.

"You get immediate feedback as an emergency nurse, both positive and negative," she said. "But you don't get any follow-up. You don't get to see how they turn out."

Carey is chairperson of the Minnesota Nurses Association collective bargaining unit at St. Mary's. She also speaks before groups of emergency nurses and handles seat belt promotions.

"Nurses interested in working in an emergency room should have both a general care and a critical care background and be able to organize and get things done by setting priorities," Carey said.

• • •

Maureen Chaisson-Stewart was teaching graduate students to counsel people with addictions when she decided to enter private practice to help nurses with alcohol and drug dependencies.

She was in a group with psychologists, but her practice had grown so much that two years ago she decided to open her own office. She hired two nurses and two social workers to provide therapy.

Chaisson-Stewart is founder and director of Behavioral Health Associates in Tempe, Ariz. The business provides psychotherapy and consultation services, primarily group therapy, to clients suffering from addiction and depression. The company also develops return-to-work contacts.

Clients also include airline pilots, lawyers, teachers and other professionals. Chaisson-Stewart works closely with employee assistance programs and provides consultation services to an in-patient treatment program.

Chaisson-Stewart began teaching in 1971, after a tour of duty as an Air Force nurse. A clinical nurse specialist, she has a doctorate in counseling and administration.

• • •

When Kate McHugh graduated from nursing school in 1975, she decided that she wanted to specialize in women's health.

"The women's movement was in full flower," she said. "I wanted to work with women. This was very clear to me in nursing school."

After graduation, she worked in a hospital, first in labor and delivery, then in the neonatal intensive care unit. After two years she left to attend graduate school to become a nurse midwife.

"I had pretty good intuition about my career," she said. "I was pre-med as an undergraduate, but I didn't like the competitive nature. As soon as I switched to nursing I knew what I was going to do."

McHugh now is a nurse midwife at the Birth Center, a free standing, out-of-hospital facility in Bryn Mawr, Pa. The center attracts women who want to have their babies in a homelike setting.

The center is one block from a hospital, which serves as a back-up facility. Most patients who need to be transferred are not emergencies, McHugh said, but rather have been in labor for hours without making progress.

Kate McHugh

A physician provides consultation but "I own my own care," she said. "I make decisions and the buck stops here."

McHugh, a nurse practitioner, also is a lecturer at the University of Pennsylvania, where she teaches a high-risk mother and newborn course and postpartum course to graduate students. She also has taught at Yale University.

McHugh spends a great deal of her time at the birthing center educating patients' families about birth.

"We find out what the family dynamics are. We make an effort to involve everyone—aunts, grandmothers. Patients frequently come in with their husbands and kids. We show them that birth is not mysterious," she said.

Nurse midwives also need to be flexible because they are on call during their off-duty hours. When their patients are in labor, nurse midwives often must spend 10 or 12 hours with them.

McHugh is in the minority of midwives because she works at a birthing center, she said. Most work in hospitals.

Rene Clark

• • •

Although Rene Clark is associate professor of pediatric nursing at the University of Kansas Medical Center in Kansas City, Kan., she continues her clinical practice.

Earlier this year, Clark and two physicians developed the Children's Lipid Clinic at the medical center. The clinic is for children with abnormalities in the lipid component of their blood. Lifestyle changes are encouraged to help prevent early onset of coronary artery disease.

Clark recently served as director of an American Nurses' Foundation research project on cardiovascular risk factors in children. She is writing articles from the study for nursing and health professional journals and has given presentations on the subject to nurses and to the public.

After graduating from nursing school, Clark worked for two years as a pediatric staff nurse. She wanted to work with adolescents, so she started teaching health occupations in a high school. She discovered that she enjoyed teaching.

"Teaching is a way of sharing what you know and a way of sharing philosophy and goals. Teaching led to research," she said.

Clark, who has a doctorate in education, feels at home in the university setting, where she has taught BSN, master's and PhD students for the last 12 years. She specializes in children's and family health.

"When I worked as a staff nurse, I worked in a university hospital," she said. "I've always sought out the university hospital as a place to work. I like the state-of-the-art, cutting edge aspect."

• • •

After Howard Schloss joined the Army Nurse Corps seven years ago, his first assignments were in the term nursery and neonatal intensive care nursery of a military hospital in Hawaii.

"If it hadn't been for the Army, I never would have been interested in pediatrics," he said.

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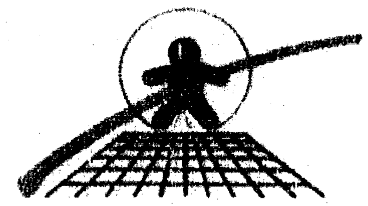

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During his military career, Capt. Schloss has attended an ICU course in Denver, an officers' course in San Antonio, Texas, Airborne School and a recruiters' course. He has been stationed in Hawaii and El Paso, Texas, where he also worked in a neonatal ICU, and in Kansas City, Mo., where he now works as a nurse counselor or recruiter.

Before joining the Army, he had been the charge nurse on the medical-surgical floor of a 200-bed hospital in Boston.

"I looked at the Army as a professional opportunity," he said. "I've done a lot more here than I ever could have elsewhere.

"There's the chance for leadership and authority," he said. "You're more likely to become a head nurse earlier."

All hospitals he has been stationed at offer a full range of services, from prenatal to geriatrics. Some military hospitals have burn units, orthopedic units, plastic surgeons and flight nurses.

There also is the chance that Army nurses can participate in humanitarian efforts during earthquakes, nuclear disasters and plane crashes.

Of the 4,700 members of the Army Nurse Corps, 30 percent are men, Capt. Schloss said, while in civilian life, only 3 percent of nurses are male.

• • •

Although nurses are now able to work in a variety of settings, many still prefer the hospital atmosphere.

"I love the hospital environment," said Judie Francis, critical care unit manager at Gerald Champion Hospital in Alamogordo, N.M. "It's like being in a huge family. You have so many resources and challenges. I've often thought of entrepreneurship, but I've developed a certain loyalty to my hospital."

Francis served as president of the New Mexico Nurses' Association from 1983 to 1987.

Before she became critical care manager four years ago, Francis was house supervisor for 12 years. Before that, she was head nurse on the surgical floor for a year and a medical staff nurse for a year.

In her present position, she supervises 19 nurses. Most of her time is devoted to managing the unit, but she said that working with patients and "the closeness that develops with the patients and families" is her favorite part of her job.

She also enjoys developing career ladders and preceptor programs.

"There's so much sharing and developing. It's very rewarding to take brand-new nurses and help them develop their skills," she said.

"The future of nursing lies in developing skills and keeping those nurses at the bedside so that we don't have all our good nurses going into management," she said.

Janet Moll

• • •

Janet Moll moved to Dallas in 1973 to study geriatric nursing at Texas Woman's University. One day, she and Dolores Alford, a faculty member, went out on a consultation. In the car, they discussed the many things nurses can offer the public.

"We knew there was a great need for people to have access to nurses," Moll said. Shortly after that conversation, they decided to launch a new business.

"One day, Dee and I just shook hands and said we're going to do this," Moll said.

In 1974, Alford and Moll established Nursing Associates in Dallas, the first private practice in Texas for primary health care of the older adult. Their practice includes five satellite locations that are nursing clinics in retirement communities and senior centers.

They serve as consultants to nursing schools, health care facilities and to nurses planning to set up private practices and businesses. They also give programs on marketing yourself as a nurse. Sometimes a nurse in business has to convince a hospital or company that it needs a certain service or program.

"They have to sell themselves, and nurses aren't used to doing that," Moll said. "They need to come in and be innovative."

Moll and Alford used their innovative skills in arranging to have their geriatric health and wellness centers partially funded by public agencies or nursing homes. Clients pay only nominal fees.

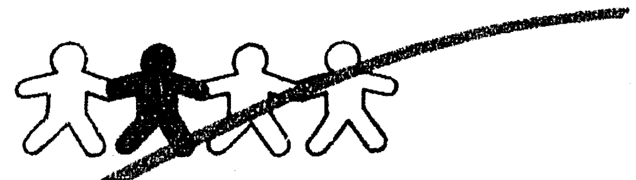
"There is a level of wellness that everyone has," said Moll, a geriatric nurse practitioner.

"We try to bring in the holistic aspect. We are interested in their psychosocial, spiritual, physical and mental health. We want to know about their stress, diet and lifestyle."

Demand for the company's services is increasing as adults and their parents move into the area to escape harsh winters in the Midwest and East.

"There are lots of Sun Belt seniors," Moll said, "and many of them have been uprooted. We help them adjust to the move."

—Deborah Bauer, a Kansas City-based free-lance writer who specializes in health care reporting.



Protecting Your Own Welfare

Today nurses have unlimited career opportunities. New and exciting nursing roles continue to emerge in a variety of settings. Moreover, the current shortage of nurses in hospitals is prompting many employers to offer more competitive salaries and fringe benefits in an effort to attract qualified nurses. Whether you are entering the job market or wishing to change jobs, you should carefully evaluate potential employment opportunities.

Delineating Employment Expectations

Prior to seeking employment, it is important to set career goals. Employment opportunities should be evaluated within the context of career development.

Assess your professional and personal skills and interests. Consider the compatibility of these skills and interests with various nursing roles and functions. Identify any need for professional and personal growth and development.

Delineate key or most important terms and conditions of employment. Set immediate and long-range career goals. Periodically review each of these steps, making the necessary changes to maintain a current perspective on how your career is progressing.

Selecting an Employer

Nurses have the opportunity to practice in many settings. Aside from the obvious categories of employers (public or private, for-profit or not-for-profit), there are several additional distinctions.

Recently, there has been a significant growth in health maintenance organizations, preferred provider organizations, free-standing ambulatory surgery centers and free-standing emergency centers. Nurses function in a variety of nursing roles in these alternative delivery systems.

Nurses also are discovering new career opportunities with managed care companies. These companies sell a broad range of services to insurers, employers and third-party administrators to help them determine when, where and how patients should receive health care services. Nurses are hired to function as members of case management teams.

While many nurses are taking advantage of these and other opportunities, the vast majority continue to work in hospitals. In light of increasing competition, many hospitals have joined forces through mergers, acquisitions, joint ventures, service contracts and other arrangements.

In selecting a private employer, secure information on the ownership of the facility/service. Find out if the facility/service is part of a multi-unit system. If it is part of a system, determine where and how major decisions are made regarding the nature of services, personnel policies, management training, and marketing strategies. Check out the reputation of the facility/service (quality of care, expertise of staff and other concerns). Gain some sense of the market for the services being offered.

Assessing an Employment Situation

It is important to know as much as possible about a potential employer and the terms and conditions of employment. The following questions address key considerations. Since hospitals are the major employer of nurses, this section is tailored to the hospital employment setting.

What is the financial status of the employer?

Innovations in health care delivery, changes in health care financing, increased competition and tax reform have forced many hospitals to consider reorganization or merger in order to remain operative. If a potential employer is considering a merger or reorganization proposal, try to find out as much as possible about the potential implications for staffing patterns, job descriptions, decision-making, and wages and benefits.

Does the employer have a mission statement?

Hospital management is being encouraged to engage in "strategic thinking"—to target a clientele, delineate a range of needed services and market those services to the targeted audience. Study the hospital's mission statement. Try to secure as much information as possible about long and short-range goals, range of services and marketing philosophy. This information will provide a general indication of how financial resources, staff and space are being used and will continue to be used.

Are nurses covered by a collective bargaining agreement?

While union membership in other private sector industries continues to drop, union membership among health care workers is rising. The vast majority of registered nurses are represented by state nurses associations (SNAs). Twenty-seven SNAs serve as bargaining agents for over 130,000 registered nurses. Over the past 40 years, SNAs have made significant improvements in salaries and fringe benefits and effectively addressed professional issues through bargaining agreements.

If nurses are represented by an organization other than an SNA, consider these questions: Is the union committed to the goal of service to which nurses subscribe? How many different groups of employees does the union represent? Can the union adequately understand

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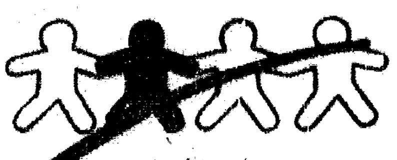

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and represent the unique needs of nurses? How much control do individual members exercise over bargaining unit activities?

What are the staffing arrangements?

Job burnout frequently results from the stress of functioning in a situation where there is not adequate staff or staff is inappropriately utilized. Determine if assignments are based on a patient classification system. Find out how many patients are likely to be assigned to the care of one nurse. Inquire about the number of registered nurses and support staff assigned to your area. Clarify what shift you would work and whether or not your assignment would be permanent or would you need to float to other areas or work different shifts.

What are the salary options?

It is natural to be interested in the starting salary. It is, however, important to look beyond this initial pay. There should exist a salary range with periodic incremental increases. Determine what you may anticipate in the way of salary increases. Find out if these increases are granted automatically or on a merit basis.

If increases are based on merit, determine if there are clearly defined standards of performance upon which merit increases are awarded. In addition, familiarize yourself with any special pay incentives, such as shift differentials for evening and night duty, special services differentials (such as ICU, CCU assignments), weekend bonuses, educational differentials and overtime compensation.

What are the fringe benefits?

Employers may offer a broad range of fringe benefits. Determine what type of insurance coverage is offered and whether or not the employer pays all or part of the premiums. Find out what type of pension and/or retirement plan opportunities have been set up. Inquire about inservice education, tuition reimbursement, employee assistance programs and other special services, such as the availability of child care services.

What are the general working conditions?

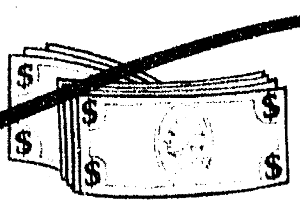
There is a direct correlation between working conditions and the ability of employees to provide quality services. Find out if staff has input into development of various policies and procedures and other decisions affecting delivery of nursing care. Assess the condition of the facility and the availability of equipment and support services.

Responses to these and related questions will equip you with the necessary information to make a thoughtful decision about various employment opportunities.

As you take the necessary steps to become well informed about the job market, you should also be aware of employment protections under the law. Familiarize yourself with the rights and protections afforded employees through state and federal statutes and regulations.

The economic and employment interests of nurses have always been key concerns of ANA and its constituent associations. Through bargaining, advocacy, litigation, lobbying and information sharing, the association seeks to protect the economic and general welfare of nurses. The nature and scope of the economic and general welfare program in any given state is determined by the state association. Specific information on state program activities is available from each SNA.

—Lyndia Flanagan, senior staff specialist, ANA Labor Communications.



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creases both in salaries and professional responsibilities will be created.

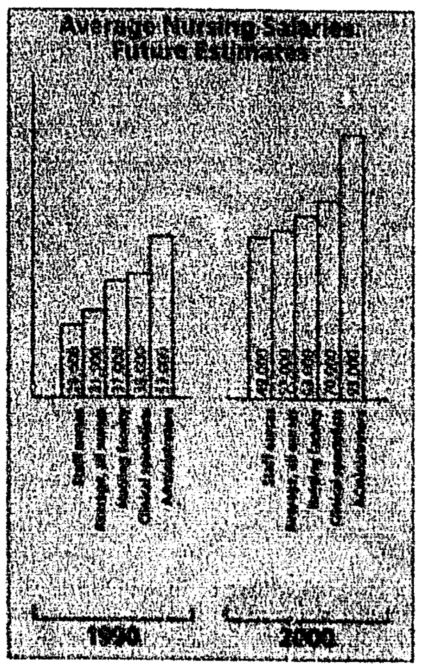
By the year 2000, perhaps as many as 20% of professional nurses will earn over $100,000 annually. The highest salaries will be earned by the best educated nurses who will predominate in key clinical and administrative positions.

Thus, improved salaries, career paths and professional responsibilities will make nursing more comparable to other professional groups by the year 2000.

Technology, health care financing and organizational arrangements for health services delivery will also affect nursing practice in the year 2000 and beyond. Monitoring devices and other means will generate computerized charting and other nursing reports, virtually eliminating the paperwork burden nurses currently contend with.

Financial arrangements for payment of nursing services will encourage the development of nurse-owned and managed group nursing practices. Recognition that nursing care may be delivered autonomously and cost-effectively in many settings will permit more independent nursing practice, less subject to physician control.

Thus, nursing in the future will provide enhanced opportunities for nurses to pursue more rewarding and more satisfying lifelong professional careers.



—Richard McKibbin, PhD, senior fellow for research and economics, ANA's Center for Research.

Certification: The Career Credential

Today more than ever, registered nurses are being called upon to assume a larger role in managing people's health. It has become important to assure the public that RNs are proficient in different areas of practice.

Licensure from a state board of nursing grants you permission to function within a defined scope of practice. It assures the public that a minimal degree of competency has been attained. How then do you, as a professional nurse, demonstrate to consumers, employers, colleagues and other members of the health care profession that you have gone beyond the minimum requirement?

Certification, the career credential, is the answer.

The American Nurses' Association has had a certification program since 1973 to grant recognition to individual RNs who are qualified in specialized areas of practice.

When nurses were recently asked how ANA certification impacted on the professional aspect of their career, the most common response was that it documents expertise and validates skills. Increased salary was the top benefit named among employment advantages. Many said certification assisted in advancing career opportunities. All have experienced the personal satisfaction of having achieved this special endorsement of their practice.

ANA guarantees that professional peers set the criteria for each specialized area and determine the essential content of the written examination.

ANA administers certification for 19 titles or practice areas. They are:

- Medical-Surgical Nurse
- Gerontological Nurse
- Psychiatric and Mental Health Nurse
- Maternal and Child Health Nurse
- Child and Adolescent Nurse
- High-Risk Perinatal Nurse
- Community Health Nurse
- School Nurse
- General Nursing Practice
- Gerontological Nurse Practitioner
- Pediatric Nurse Practitioner
- Adult Nurse Practitioner
- Family Nurse Practitioner
- School Nurse Practitioner
- Clinical Specialist in Adult Psychiatric & Mental Health Nursing
- Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing
- Clinical Specialist in Medical-Surgical Nursing
- Nursing Administration
- Nursing Administration, Advanced

The list continues to grow.

In 1988, certification for school nurses and for general nursing practice will be offered for the first time. Several other certification titles are slated for introduction in 1989 and beyond, including offerings at the clinical specialist level and in addictions nursing.

To qualify for certification, you must have a current license to practice as a registered nurse in the United States or its territories and must meet all eligibility requirements specified in the area you choose. More than 50,000 nurses have successfully completed this peer evaluation process.

For the public and employers, certification is a credential which reflects the individual's *demonstrated motivation* and interest in achieving a professional standard beyond that required by law. It is a credential that demonstrates expertise in a functional or clinical area.

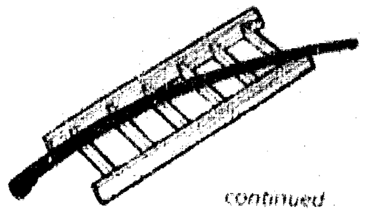
For the profession, certification provides a means to capture and describe the evolving body of knowledge in the various specialty areas of practice and to update that body of knowledge continuously. Certification makes use of input from nurses in both practice and education who contribute to that growing knowledge base. Certification further provides for validation of this knowledge through an examination process.

An ANA Certification Catalog is published each fall. The catalog contains the criteria for each area of certification, general information about topics to be covered on the examination, application forms and information about fees, test sites and examination dates.

For your free copy of the 1988 Certification Catalog, call toll-free (800) 821-5834 weekdays, 8:30 a.m.-4:30 p.m. central time, or write Marketing, American Nurses' Association, 2420 Pershing Road, Kansas City, Mo. 64108.

—Marcia Hurt, director of administrative services, ANA Center for Credentialing Services.

#132 Recruitment



continued

ception. Today, 48 percent of the women in this country who have a child one year old or younger are working. The government's last national survey of nurses in 1984 showed that nearly 80 percent of all nurses were working.

If you are a woman, your family or your fiance or your parents may consider nursing as a nice stopgap until you have children, so they may think it shouldn't matter where you work or what you do. If they are talking that way to you, persuading you to take the easy way out, a job near home, for example, or the job with the easiest commute, or any job that's merely handy for you or them, STOP. FULL STOP.

Instead, find the best first job you can. By that I mean, find the best first head nurse you can. Find the one from whom you'll learn, who will challenge but not try to crush you, who will take delight in seeing you develop.

Don't throw away your expensive education—and as you know, it's even more expensive when you consider the income you lost while attending school. Even at minimum wage, you could have earned $10,000 a year for the past two or four years if you had not chosen to invest that time in school: $20,000-$40,000 in lost time.

Consider further that if you do work the average of 30 years in nursing, your career, even at $20,000 a year, (it will be more) will earn you $600,000. *At an average of $34,000 for 30 years, your nursing career will earn you one million dollars.* Though I know we don't become nurses or stay nurses for the money, money is the most obvious measure of the value of your career choice.

Because your first job influences your future advancement so heavily, consider your job offers and choices very thoroughly. Don't be one of those people who "has to get it settled quickly so . . . I can plan my wedding" or "concentrate on my state boards" or whatever. The first job decision is your major life decision right now.

You know, of course, that the number of nursing school graduates is expected to decline for about 10 more years, based purely on the shrinking number of high school graduates. So you'll be in intense demand for many years to come and that $34,000 yearly salary I used to calculate lifelong earnings is already obsolete in some places. As Priscilla Scherer reports in the October AJN, staff nurse salaries of $40,000-$50,000 are now being discussed.

So how should you look for that crucial first job? Quite a few hospitals are now offering bonuses if you sign up for a year. Tell them you don't want the bonus, that you prefer they spend it on paying your expenses to come to the hospital to interview. Remember, we're talking about your million-dollar career.

You'll want to interview on the unit or units you're being recruited for. What if the head nurse is a compulsive type, and you are freewheeling, or vice versa? What if he or she is into power trips or scapegoating? What if he or she is someone who could be a wonderful mentor, someone who will be your friend and colleague for life?

How will you ever know in advance unless you arrange it? Why on earth should any professional person take a job sight unseen?

OK, so you're going there to interview. If you were a fresh new MBA you'd look at the firm's annual report and read everything you could about it. Why shouldn't you do the same thing as a fresh new RN?

If you choose to work in a hospital, what kind of financial shape is the hospital in? Is it the most favored one in the community? Where do nurses in that community choose to go if they get sick? You have colleagues in the National Student Nurses' Association all over the country—ask them for the scoop.

Or ask through the state nurse association. The biggest-name hospital may not have the most supportive staff. Conversely, a small hospital can be colder and more bureaucratic than a big one if its managers want it that way.

So you have to look and ask and think about the position of your chosen unit within the hospital itself. Are there plans to expand it, consolidate or combine it? Is it considered a feather in the hospital's cap, or an embarrassment, or a money-loser?

All these perceptions will heavily influence the kind of patient care you will be able to give, so you will want to find them out in advance. You don't have to hire the CIA to figure all this out. You just need to look for these elements when you interview.

The next most important piece of data you want is, of course, the nurse-patient ratio on that unit and also in the hospital. If you simply ask for the total number of beds and total number of RNs you'll immediately learn a lot.

As a very rough rule of thumb, the number of RNs should at least match the number of beds; usually the RN numbers exceed the number of beds. You may want to ask about other indicators too—like the ratio of full-time to part-time nurses and the percent of LPNs and aides.

It's not bad taste to be so assertive about your first job. You shouldn't need to be obnoxious to get this information. But if no one wants to tell you such things, you have learned something negative about the place, or at least something that should warn you to be careful.

Keep thinking, I am a million-dollar nurse and RNs are in demand. Anyway, nurse managers tell us they most want serious, career-minded nurses and these questions show you are serious.

Finally, consider what will be your fall-back position in case this job does not work out. What hospitals or other agencies would you look at next? If you go to an unfamiliar town, be sure to put out your outriggers. Join and attend local nurses association meetings, so you get to know nurses who work elsewhere. Then if things go sour you won't feel so lonely and isolated.

I love being a nurse, and I love to visit hospitals.

I have met many head nurses for whom I'd be delighted to be a staff nurse tomorrow. Believe me, there are some terrific places to work in this country, so don't make the mistake of thinking they're all alike. Hospitals are like fingerprints: alike on the surface and absolutely unique underneath.

I like to listen to what the nurses talk about. In one Connecticut hospital, it was about developing people. Various levels of nurses spoke about this one's growth or that one's management style.

In some places you hear talk about physicians and the physicians' achievements or plans. In other places you see administrators, including nurse administrators, acting aloof and distant. Some hospitals are cheerful and chaotic. Some are frightened and chaotic.

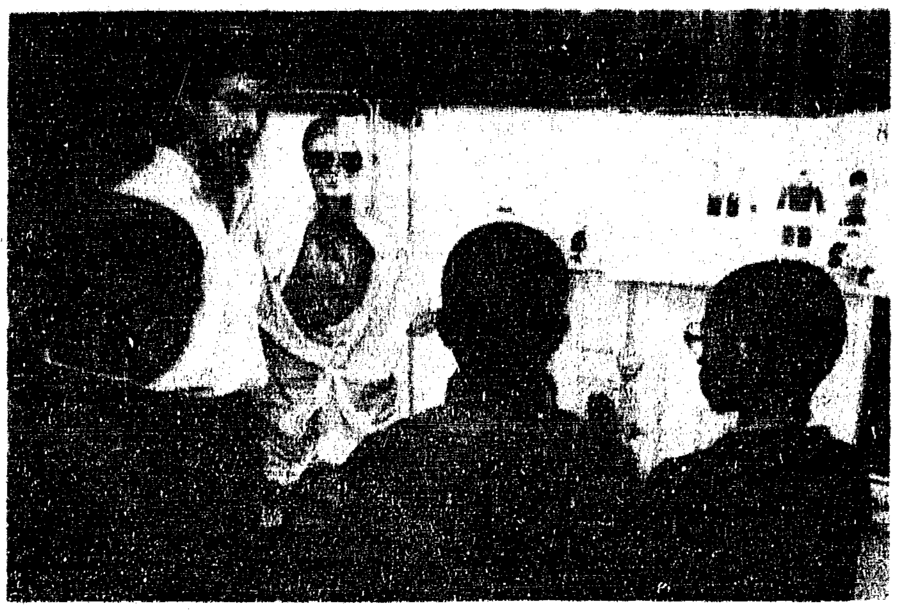
And some celebrate patients' recoveries over tremendous odds and in those hospitals nurses generally have a high status. Listen to the stories people tell. Are nurses telling hero stories? Or are they telling war stories? War stories celebrate survival. You know: how-terrible-every-thing-was-but-nevertheless-I-made-it-somehow. In contrast, hero stories celebrate achievements.

And isn't it achievements and creative patient care that you want to be a part of? Don't you want to collect, not survival stories, but hero stories? Then don't settle for the first job that falls into your lap. Pack your own parachute and open it where and when you want to. Remember, you are a million-dollar nurse.

—Mary Mallison, RN, editor of the *American Journal of Nursing*.

Directions is published by the American Nurses' Association, 2420 Pershing Road, Kansas City, Mo. 64108.

#132 Recruitment



Listing: Where to Find Information on Careers in Nursing

The following organizations are sources of information about careers in nursing. Listed under each organization are some of the materials they offer, the audience and the cost for the materials.

AMERICAN NURSES' ASSOCIATION
2420 PERSHING ROAD
KANSAS CITY, MISSOURI 64108
(800) 821-5834 weekdays, 8:30 a.m. to 4:30 p.m. Central Time.

Free Brochures:

"New Pathways to Nursing Practice" for high school students and adults
"Nursing Education: Enrolling in a College or University" for high school students and adults
"Nursing's New Directions" for high school guidance counselors, beginning nursing students, legislators, media representatives, general public

Publications: (All titles for nurse or potential nurse audiences)

The American Nurse newspaper, 10 issues a year—$10 for full time nursing students
Licensure to Practice Nursing—single copies free, multiple copies $1.50 each
Enrolling in a Baccalaureate Program in Nursing—$2
The Scope of Nursing Practice—$6
Nursing: A Social Policy Statement—$6.25
The Role of the Clinical Nurse Specialist—$7
A Conceptual Model of Community Health Nursing—$6.50
A Guide for Nurses Considering a Career Move in Nursing Administration—$4
Career Ladders: An Approach to Professional Productivity and Job Satisfaction—$5
A Statement on the Scope of Gerontological Nursing Practice—$1.50
A Statement on the Scope of Maternal and Child Health Nursing Practice—$9.50
A Statement on the Scope of Medical-Surgical Nursing Practice—$5
Statement on Psychiatric and Mental Health Nursing Practice—$5.75
The Scope of Practice of the Primary Health Care Nurse Practitioner—$3.25
Roles, Responsibilities, and Qualifications for Nurse Administrators—$6.50

Videos:

"Nursing: A Future of New Horizons" for college bound high school students and adults—$40
"The Challenge for the Future" for RNs, BSN candidates—$55
"America's Nurses: The Best We Can Provide" for RNs, BSN candidates—$40

NOTE: A catalog of all ANA publications and videos is available free from ANA Marketing.

State Nurses' Associations

Alabama State Nurses' Association
360 North Hull St.
Montgomery, Ala. 36197
(205) 262-8321

Alaska Nurses Association
237 East Third Ave.
Anchorage, Alaska 99501
(907) 274-0827

Arizona Nurses' Association
1850 East Southern Ave., Suite 1
Tempe, Ariz. 85282
(602) 831-0404

Arkansas State Nurses' Association
117 South Cedar St.
Little Rock, Ark. 72205
(501) 664-5853

California Nurses Association
1855 Folsom St., Room 670
San Francisco, Calif. 94103
(415) 864-4141

Colorado Nurses' Association
5453 East Evans Place
Denver, Colo. 80222
(303) 757-7484

Connecticut Nurses' Association
1 Prestige Drive
Meriden, Conn. 06450
(203) 238-1208

Delaware Nurses' Association
2634 Capitol Trail, Suite C
Newark, Del. 19711
(302) 368-2333

District of Columbia Nurses' Association
5100 Wisconsin Ave., N.W., Suite 306
Washington, D.C. 20016
(202) 244-2705

Florida Nurses Association
1235 East Concord St.
Orlando, Fla. 32803
(305) 896-3261
Materials available: "Career Resource Directory," featuring health care agency listings and ads, information on licensure and mandatory CE, and education opportunitites.

Georgia Nurses Association
1362 West Peachtree St., N.W.
Atlanta, Ga. 30309
(404) 876-4624

Guam Nurses Association
P.O. Box 3134
Agana, Guam 96910

Hawaii Nurses' Association
677 Ala Moana Blvd., Suite 601
Honolulu, Hawaii 96813
(808) 531-1628

Idaho Nurses Association
1134 North Orchard, Suite 8
Boise, Idaho 83706
(208) 323-0103

Illinois Nurses' Association
Contact: Jackie Truty
20 North Wacker Drive, Suite 2520
Chicago, Ill. 60606
(312) 236-9708
Materials available: Information about scholarships, grants and loans for nursing students.

Indiana State Nurses' Association
2915 North High School Road
Indianapolis, Ind. 46224
(317) 299-4575/4576

Iowa Nurses' Association
Contact: 1-800-383-NURS
Shops Building, Room 715
Des Moines, Iowa 50309
(515) 282-9169

Kansas State Nurses' Association
820 Quincy St., Suite 520
Topeka, Kan. 66612
(913) 233-8638
Materials available: Pamphlets on nursing education, listing of state schools of nursing

Kentucky Nurses Association
1400 South First St.
Louisville, Ky. 40201
(502) 637-2546/2547
Materials available: "How Do You Become a Registered Nurse in Kentucky?"

Louisiana State Nurses Association
712 Transcontinental Drive
Metairie, La. 70001
(504) 889-1030

Maine State Nurses' Association
P.O. Box 2240
Augusta, Maine 04330
(207) 622-1057

Maryland Nurses Association
5820 Southwestern Blvd.
Baltimore, Md. 21227
(301) 242-7300

Massachusetts Nurses Association
Contact: Patricia Brigham
376 Boylston St.
Boston, Mass. 02116
(617) 482-5465
Materials available: Career referral service, comprehensive listing of refresher courses

Michigan Nurses Association
Contact: Rita Didrichsons
120 Spartan Ave.
East Lansing, Mich. 48823
(517) 337-1653

Minnesota Nurses Association
Contact: Ruth L. Hass
1821 University Ave., Suite 377
St. Paul, Minn. 55104
(612) 646-4807

Mississippi Nurses' Association
Contact: Penny Roberts
135 Bounds St., Suite 100
Jackson, Miss. 39206
(601) 982-9182
Materials available: "Preferred Placements VI," which features employment opportunities.

Missouri Nurses Association
206 East Dunklin St.
Jefferson City, Mo. 65101
(314) 636-4623
Materials available: Brochures on nursing education including listing of schools with contact persons and addresses, telephone consultation on career opportunities

Montana Nurses' Association
715 Getchell
Helena, Mont. 59601
(406) 442-6710

Nebraska Nurses' Association
941 "O" Street, Suite 707
Lincoln, Neb. 68508
(402) 475-3859

Nevada Nurses' Association
3660 Baker Lane, Suite 104
Reno, Nev. 89509
(702) 825-3555

New Hampshire Nurses' Association
48 West St.
Concord, N.H. 03301
(603) 225-3783

New Jersey State Nurses Association
320 West State St.
Trenton, N.J. 08618
(609) 392-4884

New Mexico Nurses Association
525 San Pedro, N.E., Suite 100
Albuquerque, N.M. 87108
(505) 268-7744

New York State Nurses Association
Contact: Josephine Catalina
2113 Western Ave.
Guilderland, N.Y. 12084
(518) 456-5371
Materials available: Financial and scholarship information, "Nursing Education—A Guide to Baccalaureate Programs for Registered Nurses in New York State"; "Nursing Education—A Guide to Registered Nurse Licensure in New York State."

North Carolina Nurses Association
Contact: Joy Reed
103 Enterprise St.
Raleigh, N.C. 27605
(919) 821-4250

North Dakota Nurses Association
212 North Fourth St.
Bismarck, N.D. 58501
(701) 223-1385

Ohio Nurses Association
4000 East Main St.
Columbus, Ohio 43213
(614) 237-5414

Oklahoma Nurses Association
6414 North Santa Fe, Suite A
Oklahoma City, Okla. 73116
(405) 840-3476
Materials available: "Nursing Education and You."

Oregon Nurses Association
9700 S.W. Capitol Highway, Suite 200
Portland, Ore. 97219
(503) 293-0011

Pennsylvania Nurses Association
Contact: Cheryl Boyer
2578 Interstate Drive
Harrisburg, Pa. 17110
(717) 657-1222
Materials available: "Fact, Facts, Facts About Nursing Education in Pennsylvania", "Your Career in Professional Nursing", financial aid information, brochures on baccalaureate and graduate education.

Rhode Island State Nurses' Association
345 Blackstone Blvd.
Providence, R.I. 02906
(401) 421-9703

South Carolina Nurses' Association
1821 Gadsden St.
Columbia, S.C. 29201
(803) 252-4781

South Dakota Nurses' Association
1505 South Minnesota, Suite 6
Sioux Falls, S.D. 57105
(605) 338-1401

Tennessee Nurses' Association
1720 West End Building, Suite 400
Nashville, Tenn. 37203
(615) 329-2511

Texas Nurses Association
300 Highland Mall Blvd., Suite 300
Austin, Texas 78752-3718
(512) 452-0645

Utah Nurses' Association
1058A East 900 South
Salt Lake City, Utah 84105
(801) 322-3439/3430

Vermont State Nurses Association
500 Dorset St.
South Burlington, Vt. 05403
(802) 864-9390

Virgin Islands Nurses' Association
P.O. Box 2866
St. Thomas, U.S. Virgin Islands 00801
(809) 776-2710

Virginia Nurses' Association
1311 High Point Ave.
Richmond, Va. 23230
(804) 353-7311

Washington State Nurses Association
Contact: Sharon Ness
83 South King St., Suite 500
Seattle, Wash. 98104
(206) 622-3613

West Virginia Nurses' Association
2 Players Club Drive, Bldg. 3
Charleston, W.Va. 25311
(304) 342-1169

Wisconsin Nurses Association
6117 Monona Drive
Madison, Wis. 53716
(608) 221-0383

Wyoming Nurses' Association
1603 Capitol Ave., Room 305
Cheyenne, Wyo. 82001

Other Resources
AMERICAN HOSPITAL ASSOCIATION
AMERICAN ORGANIZATION OF NURSE EXECUTIVES
840 NORTH LAKE SHORE DRIVE
CHICAGO, ILLINOIS 60611
(312) 280-6400

Nursing Student Recruitment Kit for guidance counselors, junior high and high school students—AHA/AONE members $10, non-members $15
"Nurses Make a Difference," a music video for junior high and high school students—will be available in late 1987

AMERICAN ASSOCIATION OF COLLEGES OF NURSING
ONE DUPONT CIRCLE, SUITE 530
WASHINGTON, D.C. 20036

"Careers in Professional Nursing," a videotape for college bound high school students—available to member colleges at $300

NATIONAL LEAGUE FOR NURSING
10 COLUMBUS CIRCLE
NEW YORK, NEW YORK 10019

"The New Nurse: A Career for All Reasons," a video for high school, young adults and persons seeking a second career—$75

Publications:

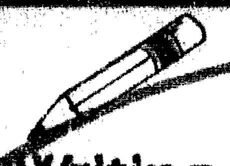
Baccalaureate Education in Nursing, Key to Professional Career for high school students and adults—$5.95
Master's Education in Nursing for BS and BSN students and graduates—$5.95
Your Career in Nursing for nurses and potential nurses—$10.95
Scholarships and Loans for Nursing Education for potential students and career counselors—$8.95
State Approved Schools of Nursing, RN—1986 for high school counselors and teachers—$15.95
NLN Guide to Success on Nursing Examinations—$14.95

NATIONAL STUDENT NURSES' ASSOCIATION
555 WEST 57TH STREET, ROOM 1325
NEW YORK, NEW YORK 10019

"Is Nursing for You?" a brochure for high school students and adults—$1

(Editor's Note: The list of many of these materials was compiled by the American Organization of Nurse Executives and is used with their permission.)

#132 Recruitment



Writing A Resume

A resume is the vehicle by which you "deliver" yourself to a potential employer. It should showcase your abilities and capabilities and create a positive impression. It is the first step which may move you to a job interview. A cover letter should accompany your resume.

Cover Letter

Format

- The visual appearance is important, so make sure the overall appearance is pleasing. Use good quality paper with typing spaced for easy readability. Be certain there are no typing or grammatical errors.
- Use a personalized salutation. Take time to find out the name of the person to whom you are writing and tailor the content for a particular position and agency.
- Be sure that your writing is organized for clarity. Use action verbs and use a positive, courteous tone. State important information clearly, make the intent of the letter clear and don't be wordy.

Content

Generally, three paragraphs are needed to cover the necessary details

- The opening paragraph states clearly the purpose of the letter/request. State objectives assertively. This paragraph is the place to state your educational preparation, where you reside, if you are planning to relocate and any other factual information that you want to communicate.
- In the middle paragraph share specific interests, experiences and/or skills which make you a desirable candidate for the position. Be brief. More information will be supplied in the resume. Avoid the overuse of personal pronouns.
- In the closing paragraph include the dates for availability of employment along with dates and times you are available for interview. Clearly state who will make the next contact as well as when and how you can be reached.

Resumé

Generally, an entry level resume and/or first professional application can be well presented in one page. If your resume runs over two pages, sufficient editing has probably not been done. Make resume length appropriate for your level of education and experience.

Format

- Make the overall layout and spacing of your resume appealing and easy to read. Style (headings, indentations, underlinings, etc.) should be consistent throughout.
- Make progression of your work history move from most current work experiences to earlier experiences. Focus on experiences which qualify you for the position being sought
- Use a positive tone, no personal pronouns, and be certain that no errors in spelling, typing or grammar appear on your resume.

Content

- If you include a career objective statement, make sure that it is clear, concise and effective.
- Include temporary and permanent addresses and phone numbers.
- The educational section highlights your academic background. Its focus is your post high school nursing preparation.
- Make the content relevant, consistent and honest. Don't include negative information.

—Sharron Bradshaw, PhD, RN, senior staff specialist, Health Systems, ANA Division of House, Board, and Cabinet Affairs.

ANA Councils: A National Network for Nurses in Specialty Practice

ANA councils enable nurses who share a specific professional interest to make a difference in their personal range of career possibilities and in the profession as a whole.

By actively participating at the national level, affiliates of the 12 councils are honing a competitive edge in two key areas: increasing their interpersonal power and expanding their knowledge and information base.

Increasing Interpersonal Power

Through personal contact with other professionals—nursing leaders and innovators—affiliates have an opportunity to know and become known to others in a national forum. To a potential employer, this involvement translates as commitment and professionalism.

Council affiliates gain firsthand information on when and where to submit resumes for consideration for appointments to national advisory panels and committees. By being a part of a well-recognized pool of resources in a particular area of nursing, some affiliates have been called on to testify before congressional committees dealing with specific nursing issues and concerns.

SNA members who affiliate with a national council in a specialty area gain the collegiality and comradeship of those who share similar ideals. Affiliates join in mentoring relationships, benefiting and growing from the advice of others as well as serving as a mentor to inspire other nurses.

Networking through the Council on Gerontological Nursing is a clear benefit for career advancement. Affiliates interact with those who might be role models and mentors, and job opportunities develop from this interaction.

—Susan Noble Walker, EdD., RN,
Illinois
Chairperson, Council on Gerontological Nursing

Expanding Knowledge Base and Professional Power

The goals and issues important to nursing practice are extensive, and the knowledge base needed to deal with these issues is ever-increasing. ANA councils provide a means for affiliates to add to their own knowledge base and to contribute to the growth of the knowledge base of a specialty area.

This is accomplished through affiliate involvement in development and review of standards, preparation and review of position statements on key issues and input in the area of certification. By working in these areas, affiliates make a substantial contribution toward increasing the knowledge base of the profession.

Affiliates of each ANA council receive a quarterly newsletter which helps keep them on track with the latest issues and trends in their particular area of practice. Through the newsletter, affiliates also can discuss their ideas and experiences.

Each of the councils sets priorities which start the process of recognizing needs and developing legislative action by the association and other groups. This is an important step in improving quality of care.

Affiliates of the Council of Community Health Nurses have an opportunity to meet colleagues in the various tracks of community health nursing such as school nursing, rural nursing, occupational health and public health. The council addresses excellence in community health nursing.

—Ruth Hutchison, MPH, RN,C,
New Jersey
Chairperson, Council of Community Health Nurses

Affiliation with one or more of the ANA councils is open only to SNA members. SNA members who have become involved in the ANA councils report that gaining the national perspective in regard to legislative and practice issues helps them in state and local special interest group activities. The councils are frequently the avenue through which SNA members enter the national scene. ANA council affiliation can make a difference in increasing interpersonal and professional power!

As an affiliate of the Council of Primary Health Care Nurse Practitioners, I have had a voice nationally and have had input in the legislative process on national issues.

—Karen Knutson, MSN, RN,C,
Illinois
Chairperson, Council of Primary Health Care Nurse Practitioners

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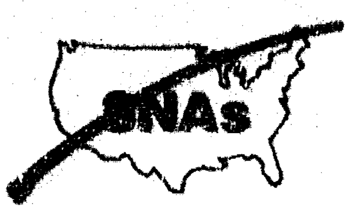
For more information about joining an ANA council, contact Marketing, American Nurses' Association, 2420 Pershing Rd., Kansas City, MO 64108; or call toll free (800) 821-5834 weekdays, 8:30 a.m.-4:30 p.m. Central Time.

—Elaine Hollensbe, staff specialist, communications, ANA Nursing Practice Programs and Council Services.

Councils of the American Nurses' Association

Council of Clinical Nurse Specialists
Council of Community Health Nurses
Council on Computer Applications in Nursing
Council on Continuing Education
Council on Cultural Diversity in Nursing Practice
Council on Gerontological Nursing
Council on Maternal-Child Nursing
Council on Medical-Surgical Nursing Practice
Council of Nurse Researchers
Council on Nursing Administration
Council of Primary Health Care Nurse Practitioners
Council on Psychiatric and Mental Health Nursing

#132 Recruitment



Why Join?

Nurses all across the country ask, "Why should I join my state nurses association?" The truth is everyone's tuned to the same station—WII-FM—"What's In It For Me?" And that's okay. All of us want to get something for our money.

Those members who are totally committed and involved in the business of the association sometimes find it difficult to articulate the many reasons why nurses need to belong to their state nurses associations (SNAs). They have become so accustomed to paying their dues, volunteering their time, energy and expertise and, in many cases, paying their own expenses to work for the association that they can hardly stop to think about why they do it.

I'm going to tell you what I tell those who ask, "Why should I join?"

Invest in the Future

First of all, I explain to them that their dues money is an investment—an investment in their profession and in their future. I tell them that in order to insure that

there will be association staff to work for them whose priority is to promote and protect the profession of nursing and in order to pay the mortgage, buy equipment and supplies to run an office, and provide for maintenance of the building, there must be money to pay the bills.

It may be hard for some of us to believe, but I do encounter prospective members who have not stopped to realize where dues money actually goes. They are not aware of what a "dues dependent" organization is. In fact, in many state associations over 70 percent of the SNA's income is from membership dues. Therefore, I try to address the very practical aspects first. For example, the cost of one issue of an SNA newsletter may be around $1,000, production costs alone for one issue of *The American Nurse* average $50,000.

Savings

Next, I tell them about all the tangible benefits for joining—those with dollar signs attached to them. They will be able to take advantage of reduced fees for continuing education and ANA certification, free subscriptions to *The American Nurse* and to their state and district newsletters, discounts on subscriptions to the *American Journal of Nursing*, low-cost Professional Liability, Hospital income, excess major medical, disability, and life insurance; eligibility for scholarships and research grants, and reduced rates for their state conventions and to ANA conventions.

Painless Dues

I review the various dues payment options with emphasis on the monthly bank draft (when available)—a painless way to pay. Membership dues may also be paid using bank cards, credit cards, or in many instances through payroll deduction.

Many Ways to Participate

I ask them where else can they—

- find a peer support group
- be involved in legislative and political action
- be part of an organization that develops nationally accepted standards for nursing practice
- be considered by their peers for honorary recognition awards
- be included in district, state and national meetings and conventions
- consult with their peers on practice, education and employment issues
- deal with ethical and legal issues confronting their profession
- provide for continued professional development through continuing education
- serve on committees or run for office at the district, state, and national level

and, more importantly,

- magnify their voice more than 188,000 times

Commitment

Then I convey the importance of a commitment to the profession, for, I believe if they are not made to understand the importance of a commitment and the value of membership, then they may join but will not retain membership past the first year.

I remind them of the fact that the privilege to practice nursing today as defined in state statutes is the direct result of their SNA and of ANA. In order for their SNA to achieve the many victories that they have, there was a tremendous amount of work and dedication on the part of nurses who were committed to the cause. The fact alone that their SNA and ANA keep a constant watch over health care policy-making and law-making bodies is worth far more to a professional than the price of the dues.

Then I ask them to think about it. Dues vary from $112 to $299 depending on the district and state in which they live. If you buy one soft drink (50 cents) a day for 365 days, you will spend $182.50 a year!

Your SNA Needs You

Last, I tell them that their state nurses association needs them and they need their SNA. And I say, "Will You Join?"

And now, will you who are individual members tell others why they need to belong to their SNA? Membership recruitment is every member's responsibility. Being the "largest group of health care providers" is of no value without unity. I know of no other mechanism to achieve unity than membership in the professional association.

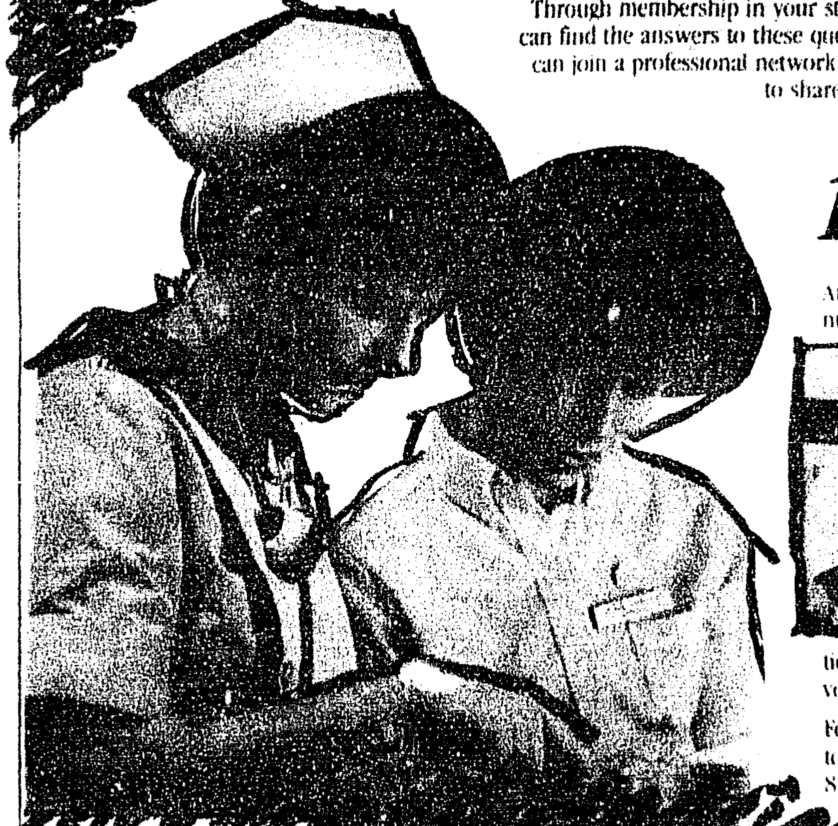
—Louise Browning, BA, executive director, Tennessee Nurses' Association.

ANA, Your State Nurses' Association and You,

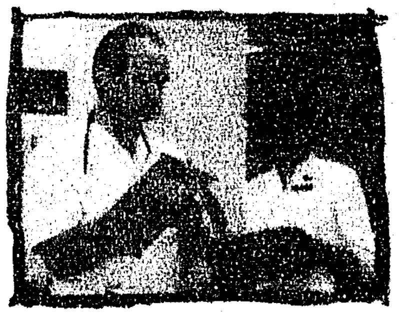
Together...A Promising Future

You're standing at the brink of an exciting new career in nursing. After the sense of accomplishment of graduating starts to fade away, the practical matters start to surface . . . Where am I going to work? Where can I turn for some good professional advice on my career?

Through membership in your state nurses' association, you can find the answers to these questions and others. And you can join a professional network of colleagues that are eager to share their experience with you!



1/2 Price Offer



Any graduating nursing student who joins their state nurses' association within 6 months of graduation receives a 50% discount on the first year of membership! Come join us . . . By being a part of your professional organization!

Check out the ways professional membership can work for you. Fill out and return the membership application provided below. To determine your dues rate, contact your state nurses' association listed on page 6.

For additional information on the many benefits available to SNA members, call toll-free (800) 821-5834 weekdays 8:30 a.m.–4:30 p.m. central time.

APPLICATION FOR MEMBERSHIP IN A CONSTITUENT ASSOCIATION THAT IS A MEMBER OF THE

AMERICAN NURSES' ASSOCIATION

Last Name First Name Middle Initial

Social Security Number

Home Phone

Work Phone

City State

ZIP CODE

Employer Name

Employer Address City State ZIP CODE

Full Annual Payment Enclosed $

Installment Payment Plan

Bank Card

Payroll Deduction

Electronic Dues Payment Plan

MEMBERSHIP DUES INFORMATION (contact your state nurses' association for the dues rate in your state and district. See page 6 for an address telephone listing of state nurses' associations.)

Please circle membership category then check payment plan.

Membership Category

- Full Membership Dues
- Reduced Membership Dues
- Special Membership Dues

Make Check Payable to: AMERICAN NURSES' ASSOCIATION
2420 Pershing Road
Kansas City, Mo. 64108

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Launch Your Career

with membership in the New York State Nurses Association

Nursing is a challenging career. It requires hard work and a serious professional commitment. Nursing means taking responsibility for your own competence and for the profession as a whole. Both take time and effort. But, as you can well imagine, both are necessary for your professional growth.

We believe the first step in a professional commitment is membership in your professional association. With NYSNA, the largest association of registered professional nurses in New York State, you will have the exciting opportunity to join forces with your colleagues. . . . people like you who have made the professional commitment to nursing practice.

Contact the NYSNA Membership Department for materials.
(518) 456-5371 2113 Western Avenue, Guilderland, NY 12084

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